

DAILY HEALTH CHECK			
1. Key Symptoms of Illness*	Do you have any of the following new key symptoms?	CIRCLE ONE	
	Fever	YES	NO
	Chills	YES	NO
	Cough or worsening of chronic cough	YES	NO
	Shortness of breath	YES	NO
	Loss of sense of smell or taste	YES	NO
	Diarrhea	YES	NO
	Nausea and vomiting	YES	NO
2. International Travel	Have you returned from travel outside Canada in the last 14 days?	YES	NO
3. Confirmed Contact	Are you a confirmed contact of a person confirmed to have COVID-19?	YES	NO

If you answered "YES" to one of the questions included under 'Key Symptoms of Illness' (excluding fever), you should stay home for 24 hours from when the symptom started. If the symptom improves, you may return to school when you feel well enough. If the symptom persists or worsens, seek a health assessment.

If you answered "YES" to two or more of the questions included under 'Symptoms of Illness' or you have a fever, seek a health assessment. A health assessment includes calling 8-1-1, or a primary care provider like a physician or nurse practitioner. If a health assessment is required, you should not return to school until COVID-19 has been excluded and your symptoms have improved.