Child Self-Check Health Check Form	
1. Symptoms of Illness	Do you have the following symptoms?
Yes ☐ No☐	Fever
Yes ☐ No☐	Chills
Yes ☐ No☐	Cough or worsening of chronic cough
Yes ☐ No☐	Shortness of breath
Yes ☐ No☐	Sore throat
Yes ☐ No☐	Runny nose / stuffy nose
Yes ☐ No☐	Loss of sense of smell or taste
Yes ☐ No☐	Headache
Yes ☐ No☐	Fatigue
Yes ☐ No☐	Diarrhea
Yes ☐ No☐	Loss of appetite
Yes ☐ No☐	Nausea and vomiting
Yes ☐ No☐	Muscle aches
Yes ☐ No☐	Conjunctivitis (pink eye)
Yes ☐ No☐	Dizziness, confusion
Yes ☐ No☐	Abdominal pain
Yes ☐ No☐	Skin rashes or discoloration of fingers or toes
2. International Travel Yes ☐ No☐	Have you or anyone in your household returned from travel outside Canada in the last 14 days?
3. Confirmed Contact Yes ☐ No☐	Are you or is anyone in your household a confirmed contact of a person confirmed to have COVID-19?
If you answered “Yes” to any of the questions and the symptoms are not related to a pre-existing condition (i.e. Allergies/Asthma) your child should not come to school. If there is a pre-existing condition answer “No” on form.	
If your child is experiencing any symptoms of illness, contact your health-care provider for further assessment. This includes 8- 1-1, or a primary care provider like a physician or nurse practitioner. If you answered “YES” to questions 2 or 3, use the COVID-19 Self-Assessment Tool to determine if you should be tested for COVID-19.	

Visitor Self-Check Health Check Form	
1. Symptoms of Illness	Do you have the following symptoms?
Yes ☐ No☐	Fever
Yes ☐ No☐	Chills
Yes ☐ No☐	Cough or worsening of chronic cough
Yes ☐ No☐	Shortness of breath
Yes ☐ No☐	Sore throat
Yes ☐ No☐	Runny nose / stuffy nose
Yes ☐ No☐	Loss of sense of smell or taste
Yes ☐ No☐	Headache
Yes ☐ No☐	Fatigue
Yes ☐ No☐	Diarrhea
Yes ☐ No☐	Loss of appetite
Yes ☐ No☐	Nausea and vomiting
Yes ☐ No☐	Muscle aches
Yes ☐ No☐	Conjunctivitis (pink eye)
Yes ☐ No☐	Dizziness, confusion
Yes ☐ No☐	Abdominal pain
Yes ☐ No☐	Skin rashes or discoloration of fingers or toes
2. International Travel Yes ☐ No☐	Have you or anyone in your household returned from travel outside Canada in the last 14 days?
3. Confirmed Contact Yes ☐ No☐	Are you or is anyone in your household a confirmed contact of a person confirmed to have COVID-19?
If you answered “Yes” to any of the questions and the symptoms are not related to a pre-existing condition (i.e. Allergies/Asthma) you should not come into the school. If there is a pre-existing condition answer “No” on form.	
If you are experiencing any symptoms of illness, contact your health-care provider for further assessment. This includes 8- 1-1, or a primary care provider like a physician or nurse practitioner. If you answered “YES” to questions 2 or 3, use the COVID-19 Self-Assessment Tool to determine if you should be tested for COVID-19.	