



August 2020

Dear Parents/Guardians:

Re: Acknowledgment of Daily Health Check

As we begin school, our District’s procedure is for all students to complete a daily health check at home prior to entering school and/or boarding a District bus.

If a student answers “yes” to any of the following questions they will not be able to attend:

| Daily Health | | | |
|----------------------|----------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Symptoms of Illness | Does your child have any of the following symptoms? | Please check Yes or No | |
| | Fever | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Chills | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Cough or worsening of chronic cough | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Shortness of breath | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Sore throat | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Runny nose / stuffy nose | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Loss of sense of smell or taste | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Headache | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Fatigue | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Diarrhea | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Loss of appetite | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Nausea and vomiting | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Muscle aches | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Conjunctivitis (pink eye) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Dizziness, confusion | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Abdominal pain | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Skin rashes or discoloration of fingers or toes | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| International Travel | Have you or anyone in your household returned from travel outside of Canada in the last 14 days? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Confirmed Contact | Are you or is anyone in your household a confirmed contact of a person confirmed to have COVID-19? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Please review these symptoms with your child daily. Health and safety of our students and staff is a top priority. Please contact your school administrator if you have any questions or concerns.

Name of Student

Division

I, the undersigned parent or guardian of the above-named student, acknowledge that my child has successfully cleared the daily health check by answering ‘no’ to all questions above, before entering school and/or boarding a school bus.

Parent/Guardian Name

Signature