



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