Health Check Form

Student Name:_____ Date:_____

Instructions to parents:

Please consult with your child and complete this Health Check Form each morning your child is scheduled to attend class. Your child will need to bring the completed form to school and give it to their teacher before they are permitted to enter the class.

Contact Shelly Cull, Principal, 250-833-2806, if student answers **YES** to any of the Health Check Questions.

Please remember we are looking for symptoms that are not normal.

	Yes	No
Do you have a fever? (>37 Degrees)		
Do you have chills?		
Are you experiencing the following? • Shortness of breath • Difficulty breathing • Chest pains • Feelings of confusion • Loss of consciousness		
Do you have a sore throat and painful swallowing?		
Do you have an unusual stuffy or runny nose?		
Have you experienced a loss of sense of smell?		
Are you experiencing an unusual headache?		
Are you experiencing Muscle aches?		
Are you more fatigued than normal?		
Are you experiencing a loss of appetite?		
Have you traveled to any countries outside Canada (including the USA) within the last 14 days?		
Have you been in close contact with a person with confirmed COVID-19?		

Please indicate your **EMERGENCY CONTACT** for today. This person must be available to pick your child up if they become symptomatic during the day.

Contact Name:_____ Phone number:_____

Parent Name: _____ Signature: _____