

Health Check Agreement Form

In order to support the safety and well-being of all staff and students during the COVID-19 Pandemic and the Ministry of Education’s reopening plan of Stage 2 in September of 2020, it is imperative that all families complete a mandatory health check on a daily basis. An example of a daily health check is provided below:

Daily Health Check			
1. Symptoms of Illness*	Does your child have any of the following symptoms?	CIRCLE ONE	
	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	YES	NO
2. International Travel	Have you or anyone in your household returned from travel outside Canada in the last 14 days?	YES	NO
3. Confirmed Contact	Are you or is anyone in your household a confirmed contact of a person confirmed to have COVID-19?	YES	NO

Please ensure that you check BCDC’s [Symptoms of COVID-19](#) regularly to ensure the list is up to date. If you answered “YES” to any of the questions and the symptoms are not related to pre-existing condition (e.g. allergies) your child should **NOT** come to school. If they are experiencing any symptoms of illness, contact a health-care provider for further assessment. This includes 811, 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.

I _____ (Parent / Guardian) have fully read and understand the above information in regard to daily health checks. By signing below, I _____ (Parent / Guardian) agree that I will complete a daily health check of my child(ren) who attend Sacred Heart School, and by dropping them off in the mornings, I am verifying that this health check has been complete.

Parent / Guardian Signature _____

Date _____

***Please ensure a copy of this has been submitted to the school on or before the first day of school. If you have the option of scan / email, please try to utilize it for submission at sacredheart@cispg.ca**