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## Health Checks, Illness, and When to Stay Home

Within normal educational settings, children and staff will often have influenza or other respiratory viruses with symptoms similar to COVID-19. For this reason, students and staff who are ill with fever or infectious respiratory symptoms of any kind need to stay home until they are no longer symptomatic, **or** they have been assessed by a health care provider to exclude COVID-19. If a person is found to be a confirmed case of COVID-19 in the school, public health staff will determine how to proceed, and the school will play a supportive role in the process. Parents are required to complete the following health check with their children and acknowledge the parent's responsibility to do daily at home health checks and to keep their child(ren) at home if they are unwell.

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

In the event that a child has a fever, he/she must remain at home until at least 24 hours after they no longer have a fever (temperature of 38°C or higher) or signs of a fever **without** the use of fever-reducing medicine (i.e., Tylenol).