

## Daily Health Assessment

Symptoms of illness	Do you have any of the following symptoms?	Circle One	
		No	Yes
	Fever (Body temperature $\geq 37.5^{\circ}\text{C}$ )	No	Yes
	Chills	No	Yes
	Cough or worsening of chronic cough	No	Yes
	Loss of sense of smell or taste	No	Yes
	Shortness of breath/Difficulty breathing	No	Yes
	Diarrhea	No	Yes
	Nausea and Vomiting	No	Yes
<b>International Travel</b>	Have you or anyone in your household returned from travel outside of Canada in the last 14 days?	No	Yes
<b>Confirmed Contact</b>	Are you or is anyone in your household a confirmed contact of a person confirmed to have COVID-19?	No	Yes

**If you answered “YES” to one of the questions included under ‘Key Symptoms of Illness’ (excluding fever),** you should stay home for 24 hours from when the symptom started. If the symptom improves, you may return to school when you feel well enough. If the symptom persists or worsens, seek a health assessment.

**If you answered “YES” to two or more of the questions included under ‘Symptoms of Illness’ or you have a fever** seek a health assessment. A health assessment includes calling 8-1-1, or a primary care provider like a physician or nurse practitioner. If a health assessment is required, you should not return to school until COVID-19 has been excluded and your symptoms have improved.

**If you answered “YES” to questions 2 or 3, use the [COVID-19 Self-Assessment Tool](#)** to determine if you should seek testing for COVID- 19.

If a COVID-19 test is not recommended by the health assessment, you can return to school when symptoms improve and you feel well enough.