





APPENDIX A - DAILY STUDENT SCREENING TOOL



-  DAILY HEALTH CHECK
-  STAY HOME
-  GET TESTED & CLEARED
-  RETURN TO SCHOOL

Daily Health Check for Students

Parents/guardians must use this questionnaire daily to decide if the student should attend school.

1. Does your child or anyone in your household have any of the symptoms listed below:			
	• Fever	Yes	No
	• Cough	Yes	No
	• Shortness of Breath/Difficulty Breathing	Yes	No
	• Sore Throat	Yes	No
	• Chills	Yes	No
	• Painful Swallowing	Yes	No
	• Runny Nose/Nasal Congestion	Yes	No
	• Feeling Unwell/Fatigue	Yes	No
	• Nausea/Vomiting/Diarrhea	Yes	No
	• Unexplained Loss of Appetite	Yes	No
	• Loss of Sense of Taste or Smell	Yes	No
	• Muscle/Joint Aches	Yes	No
	• Headache	Yes	No
	• Conjunctivitis (Pink Eye)	Yes	No
2. Has your child or anyone in your household returned from travel outside of Canada in the last 14 days?		Yes	No
3. Has your child or anyone in your household had close unprotected* face-to-face contact within 2 metres of someone who is ill with a cough/fever?		Yes	No
4. Has your child or anyone in your household been in close unprotected contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?		Yes	No

* Unprotected means close contact without appropriate Personal Protective Equipment (PPE)

If you have answered “YES” to ANY of the above questions, DO NOT send your child school at this time. Please use the COVID-19 Self-Assessment Tool to determine whether your child or someone in your household needs to be tested for COVID-19.

<https://myhealth.alberta.ca/Journey/COVID-19/Pages/COVID-Self-Assessment.aspx>

