Daily Student COVID-19 Health Check

Version 1 (adapted by Dr. Benusic from BCCDC guidance)

Use this tool, or the online tool at bc.thrive.health, every morning before sending your child to school.

Is your child self-isolating because they are a COVID-19 case or a close contact to someone with COVID-19?

YES → continue to self-isolate until told by public health that isolation can be stopped
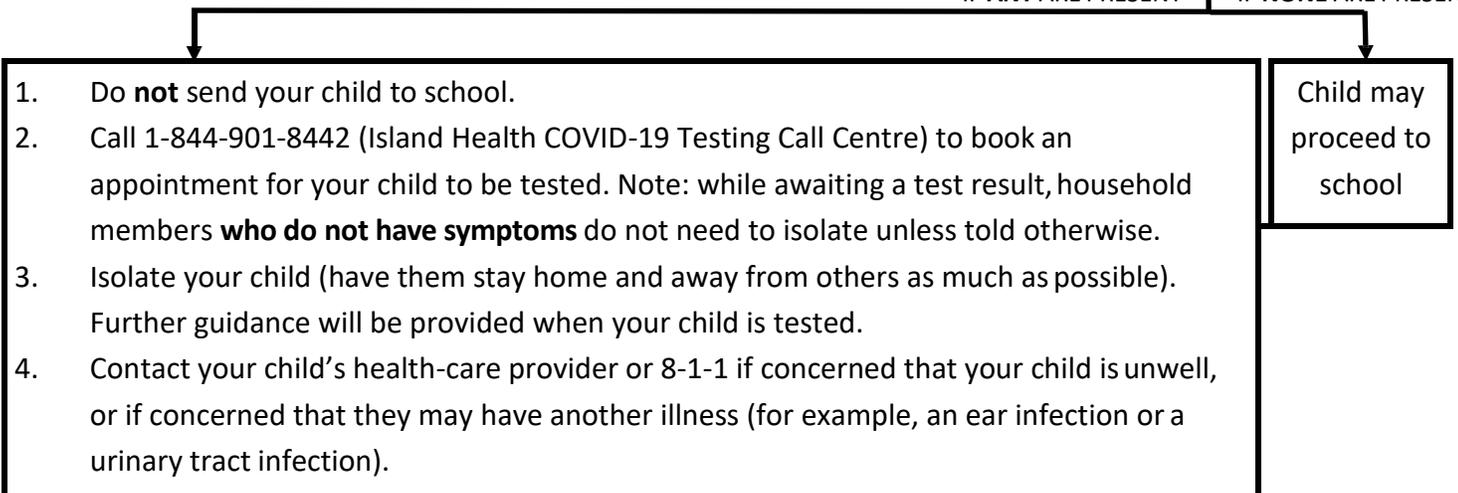
NO ↓

Has your child returned from travel outside of Canada in the last 14 days?

YES → continue to self-isolate until 14-days after return to Canada, seek testing if symptoms develop

NO ↓

Screen your child for the following symptoms (exclude if related to a pre-existing condition like allergies)

Symptom	SELECT ONE	
Fever (unusually hot to touch, temperature of 38C/100.4F or higher) or chills	YES	NO
Cough (new cough or worsening of chronic cough)	YES	NO
Runny or stuffy nose	YES	NO
Muscle aches	YES	NO
Fatigue (unusual tiredness)	YES	NO
Sore throat	YES	NO
Shortness of breath	YES	NO
Loss of sense of smell or taste	YES	NO
Gastrointestinal (abdominal pain, loss of appetite, diarrhea, nausea, or vomiting)	YES	NO
Headache, dizziness, or confusion	YES	NO
Conjunctivitis (pink eye)	YES	NO
Skin rashes or discolouration of fingers or toes	YES	NO

IF **ANY** ARE PRESENT | IF **NONE** ARE PRESENT

1. Do **not** send your child to school.
2. Call 1-844-901-8442 (Island Health COVID-19 Testing Call Centre) to book an appointment for your child to be tested. Note: while awaiting a test result, household members **who do not have symptoms** do not need to isolate unless told otherwise.
3. Isolate your child (have them stay home and away from others as much as possible). Further guidance will be provided when your child is tested.
4. Contact your child's health-care provider or 8-1-1 if concerned that your child is unwell, or if concerned that they may have another illness (for example, an ear infection or a urinary tract infection).

Child may proceed to school

I will make sure that each morning, I will complete the above self-assessment for my school-aged child(ren) and if there are any COVID-19 symptoms, I will not send my child(ren) to school. (Please fill out one form per child)

Student Name:_____ Parent/Guardian Name:_____ Signature:_____