

Daily Health Checklist

If you've answered yes to any of the following criteria, then we kindly ask that you keep your child at home and monitor their symptoms.

Criteria:

- Have you or your child travelled internationally in the last 14 days?
- Has your child, as far as you know, come into contact with someone who travelled internationally in the past 14 days?
- Has your child tested positive for COVID-19? Or are you waiting for an appointment for a test, or waiting for a COVID-19 test result?
- Has anyone in your household tested positive for COVID-19? Or are you waiting for an appointment for a test, or waiting for a COVID-19 test result?
- Does your child have any of the following COVID-19 symptoms?
 - Fever 38.5C (101.3F) and above (rectal temperature)
 - A new cough or a cough that is getting worse
 - Difficulty breathing
 - Vomiting
 - Stomach aches
 - Sudden loss of sense of smell without nasal congestion, with or without loss of taste
 - Sore throat
 - Headache
 - Aching muscles
 - Intense fatigue
 - Severe loss of appetite
 - Diarrhea

(If you answered yes to any of the above symptoms but know that the symptom is due to a pre-existing condition unrelated to COVID-19 (such as frequent migraines, strenuous exercise, asthma, other pre-existing conditions), please inform us ahead of time.)
- Does a member of your household or someone you are living with have any of the symptoms of COVID-19 listed above or has tested positive for COVID-19?

(If you answered yes to any of the above symptoms but know that the symptom is due to a pre-existing condition unrelated to COVID-19 (such as frequent migraines, strenuous exercise, asthma, other pre-existing conditions), please inform us ahead of time.)
- Has your child or family/household member received a letter from Public Health regarding COVID-19?

We appreciate your cooperation in ensuring the health of our students, families, and staff members, and we trust that you'll help us keep our facilities safe. Thank you.