

Daily Health Check Resource

Date: _____ Name of child: _____

Name of parent/guardian: _____

Does your child have any of these symptoms?

- | | |
|---|--|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Fever (> 37.5 °C) | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Stuffy or runny nose | <input type="checkbox"/> Chills |
| <input type="checkbox"/> Shortness of breath / difficulty breathing | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Feeling unwell / fatigue | <input type="checkbox"/> Aches and pains |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Nausea / vomiting |
| <input type="checkbox"/> Other: _____ | |

If your child has any of these signs and symptoms:

- Please keep them at home for a period of **10 days** after the onset of symptoms. Once symptoms have resolved fully your child may return to the child care centre.
- Please call 8-1-1 or your health provider for more information.

Has your child, or anyone in your household, had close contact with someone who has had a possible exposure to the COVID-19 virus? Yes No

Have you, or anyone in your household, travelled to any countries outside of Canada, including the US (United States), within the last 14 days? Yes No

If you answered “yes” to one or both of the questions above, but do not currently have any symptoms:

The Ministry of Health and BCCDC state that you need to quarantine (self-isolate) for **14 days**, and monitor yourself for new symptoms.

If you answered “yes” to one or both of the questions above, and have developed symptoms:

The Ministry of Health and BCCDC state that you need to isolate and avoid contact with others for at least **10 days** after the onset of symptoms.

- For any medical information please call 8-1-1 or your health provider.
- For any non-medical information about COVID-19 (including information related to travel) please call 1-888-COVID19 (1-888-268-4319). This service is available 7 days a week from 7:30am to 8:00pm

Parent / Guardian Signature: _____

Child Care Staff Signature: _____