



School District 60 PRN  
**Daily Health Check**

Please perform a daily health assessment prior to entering the School / Building  
\* This checklist does NOT need to be submitted. This is a self directed assessment.

- 1. Key Symptoms of Illness\*** Do you have any of the following new key symptoms? Circle One
- |                                     |     |    |
|-------------------------------------|-----|----|
| Fever                               | Yes | No |
| Chills                              | Yes | No |
| Cough or worsening of chronic cough | Yes | No |
| Shortness of breath                 | Yes | No |
| Loss of sense of smell or taste     | Yes | No |
| Diarrhea                            | Yes | No |
| Nausea and vomiting                 | Yes | No |
- 2. International Travel** Have you returned from travel outside Canada in the last 14 days? Yes No

**Confirmed Contact**

Are you a confirmed contact of a person confirmed to have COVID-19? Yes No

COVID-19

If you answered "YES" to one of the questions included under 'Key Symptoms of Illness' (excluding fever), you should stay home

A health care provider note (i.e. a doctor's note) is not required to confirm the health status of any individual.