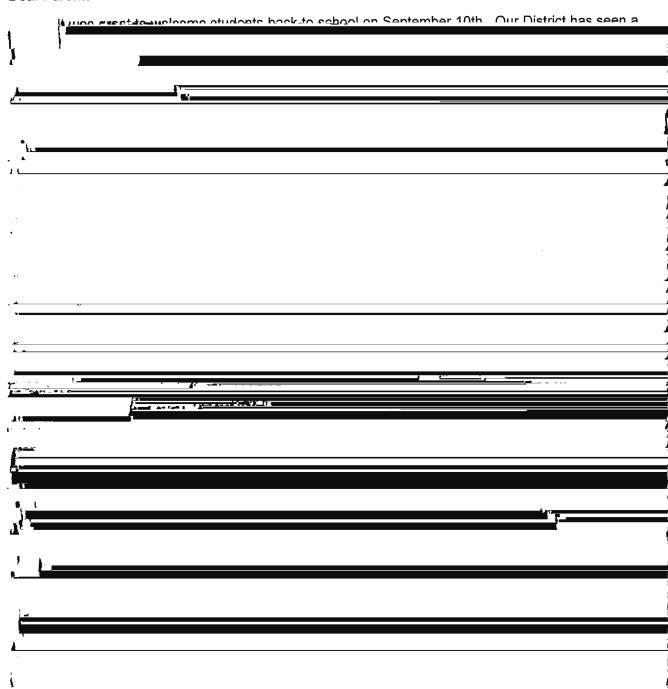
PEACE RIVER NORTH

10112 - 105 Avenue, Fort St. John, British Columbia V1J 4S4 Phone: (250) 262-6000 Fax: (250) 262-6046 OFFICE OF THE SUPERINTENDENT OF SCHOOLS

September 18th, 2020

Dear Parents:



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
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	כעואלע) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 		
f you answered "YES" to one of th	e questions included under 'Key Symptoms of Illness' (excluding fe	ever), you shoul	d stay home
	1.2.		