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| Daily Health Self-Assessment | | | |
| 1. Key Symptoms of Illness\* and Symptoms of illness | | Do you have any of the following new key symptoms? | CIRCLE ONE |
| Fever, in absence of fever reducing medications, or Chills\* | | YES | NO |
| Cough or worsening of chronic cough\* | | YES | NO |
| Loss of sense of smell or taste\* | | YES | NO |
| Difficulty breathing\* | | YES | NO |
| Sore Throat | | YES | NO |
| Loss of appetite | | YES | NO |
| Extreme fatigue or tiredness | | YES | NO |
| Headache or bodyaches | | YES | NO |
| Nausea or vomiting | | YES | NO |
| Diarrhea | | YES | NO |
| 2. International Travel | Have you returned from travel outside Canada in the last 14 days? | Follow Public Health guidance respective for vaccination status | |
| 3. Confirmed Contact | Are you a confirmed contact of a person confirmed to have COVID-19? | Follow the instructions provided by Public Health | |

**If you answered “YES” to one of the questions included under ‘Key Symptoms of Illness’; or two or more ‘Symptoms of Illness’,** you should stay home and arrange to get a COVID-19 test by contacting 8-1-1.

**If you answered “YES” to one of the questions included under ‘Symptoms of Illness’, but not any of the ‘Key Symptoms of Illness’**, you should stay home till you feel better. Should your symptoms worsen, or you have additional symptoms you should contact 8-1-1 for further guidance on health assessment.

If a COVID-19 test is not recommended by the health assessment, you can return to school when symptoms improve and you feel well enough. Testing may not be recommended if the assessment determines that the symptoms are due to another cause (i.e. not COVID-19).