



ATTENTION PARENTS OF NORTH CANOE ELEMENTARY

Prior to your child entering our building each day, you are required to complete the following health check:

Symptoms of Illness	Does your child have any of the following symptoms?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fever or Chills
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sore Throat
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cough or worsening of chronic cough
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Shortness of breath
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Runny nose/stuffy nose
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Loss of sense of smell or taste
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Headache
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fatigue
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diarrhea
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Loss of appetite
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Nausea and vomiting
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Muscle aches
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Conjunctivitis (pink eye)
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Dizziness, confusion
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Abdominal pain
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Skin rashes or discoloration of fingers or toes
International Travel	Has anyone in your household returned from travel outside of Canada in the last 14 days?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Confirmed Contact	Is anyone in your household a confirmed contact of a person confirmed to have COVID-19?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If you answered “Yes” to any of the questions and the symptoms are not related to a pre-existing condition (IE: allergies) your child is not to enter the school at this time. Please contact the school to discuss.		
If there is a pre-existing condition related to your answer then answering “No” is allowed, but please inform the school.		
If you or your child are experiencing any symptoms of illness, contact your health-care provider for further assessment. This includes dialing 8-1-1, or a primary care provider like a physician or nurse practitioner. If you answered “Yes” to questions 2 or 3, use the COVID-19 Self-Assessment Tool to determine if you should be tested for COVID-19.		

Thank you!