



Daily Health Check / 毎日の健康診断

1 - Symptoms	Does student have any of the following symptoms	症状	有	無
	Fever	熱	YES	NO
	Chills	寒気	YES	NO
	Cough or worsening of chronic cough	咳	YES	NO
	Shortness of breath	呼吸困難	YES	NO
	Sore throat	喉の痛み	YES	NO
	Runny nose/stuffy nose	鼻水/鼻づまり	YES	NO
	Loss of sense of smell or taste	嗅覚や味覚の喪失	YES	NO
	Headache	頭痛	YES	NO
	Fatigue	倦怠感	YES	NO
	Diarrhea	下痢	YES	NO
	Loss of appetite	食欲減少	YES	NO
	Nausea and vomiting	吐き気と嘔吐	YES	NO
	Muscle aches	筋肉痛	YES	NO
	Conjunctivitis (pink eye)	結膜炎	YES	NO
	Dizziness, confusion	めまい、混乱	YES	NO
Abdominal pain	腹痛	YES	NO	
Skin rashes or discoloration of fingers or toes	皮膚の発疹または指や足の指の変色	YES	NO	
2 – International Travel	Have you or anyone in your household returned from travel outside of Canada in the last 14 days		YES	NO
3 – Confirmed Contact	Are you or is anyone in your household a confirmed contact of a person confirmed to have COVID-19		YES	NO

*Check BCCDC's Symptoms of COVID-19 regularly to ensure the list is up to date.

- **If you answered "YES" to any of the questions and the symptoms are not related to a pre-existing condition (e.g. allergies), you're the student should NOT come to school.**
- 生徒がいずれかの質問に「はい」と答えた場合、生徒は学校に行くべきではありません。
- If they are experiencing any symptoms of illness, contact a health care provider for further assessment. This includes 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.