

Daily Health Check / 매일 건강 검진

| Symptoms | | _ |
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| Shaping Tomorew Total | | | | |
|-----------------------|--|---------------------|------|----|
| 1 - Symptoms | Does student have any of the following symptoms | 조짐 | 예 | 아니 |
| , . | Fever | 발열 | YES | NO |
| | Chills | 오한 | YES | NO |
| | Cough or worsening of chronic cough | 기침 | YES | NO |
| | Shortness of breath | 호흡 곤란 | YES | NO |
| | Sore throat | 목 쓰림 | YES | NO |
| | Runny nose/stuffy nose | 콧물 / 코 막힘 | YES | NO |
| | Loss of sense of smell or taste | 후각 또는 미각 상실 | YES | NO |
| | Headache | 두통 | YES | NO |
| | Fatigue | 피로 | YES | NO |
| | Diarrhea | 설사 | YES | NO |
| | Loss of appetite | 식욕 부진 | YES | NO |
| | Nausea and vomiting | 메스꺼움 및 구토 | YES | NO |
| | Muscle aches | 근육통 | YES | NO |
| | Conjunctivitis (pink eye) | 결막염 | YES | NO |
| | Dizziness, confusion | 현기증, 혼란 | YES | NO |
| | Abdominal pain | 복통 | YES | NO |
| | Skin rashes or discoloration of fingers or toes | 피부 발진 또는 손가락이나 발가락의 | YES | NO |
| | of toes | 변색 | 11.5 | NO |
| 2 – International | Have you or anyone in your household returned from travel outside of | | YES | NO |
| Travel | Canada in the last 14 days | | 11.5 | NO |
| 3 – Confirmed | Are you or is anyone in your household a confirmed contact of a | | YES | NO |
| Contact | person confirmed to have COVID-19 | | | |

^{*}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 preexisting condition (e.g. allergies), you're the student should NOT come to school.
- 학생이 질문에 예라고 답하면 학교에 가지 말아야합니다.
- 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. |
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