 **St. John Paul II Academy**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SCHOOL. FAMILY. COMMITMENT / [www.sjp2academy.com](http://www.sjp2academy.com)

**ST. JOHN PAUL II ACADEMY**

**DAILY HEALTH CHECK 2020-21**

Parents and students of SJP II Academy are expected to conduct the following Daily Health Check at home prior to your son or daughter coming to school.

|  |
| --- |
| **Daily Health Check** |
| **Does your child have any of the following symptoms?** | **Circle One** | **Dates** |
| Fever | Yes | No |  |
| Chills | Yes | No |  |
| Cough or worsening of chronic cough | Yes | No |  |
| Shortness of Breath | Yes | No |  |
| Runny Nose / stuffy nose | Yes | No |  |
| Loss of sense of smell or taste | Yes | No |  |
| Headache | Yes | No |  |
| Fatigue | Yes | No |  |
| Diarrhea | Yes | No |  |
| Loss of appetite | Yes | No |  |
| Nausea and vomiting | Yes | No |  |
| Muscle aches | Yes | No |  |
| Conjunctivitis (pink eye) | Yes | No |  |
| Dizziness, confusion | Yes | No |  |
| Abdominal Pain | Yes | No |  |
| Skin Rashes or discoloration of fingers or toes | Yes  | No |  |
| 2. Have you or anyone in your household returned from travel outside of Canada in the last 14 days? | Yes | No |  |
| 3. Are you or is anyone in your household a confirmed contact of a person confirmed to have COVID-19? | Yes | No |  |

* If you answered “Yes” to any of the questions and the symptoms are not related to a pre-existing condition (e.g. allergies) your child should **NOT** come to school.
* If they are experiencing any symptoms of illness, contact a health-care provider for further assessment. This includes 8-1-1 or a primary health 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