

Daily Health Checklist



DAILY HEALTH CHECK

| 1. Symptoms* | Does your child have any of the following symptoms? | What to do: |
|--------------------------------|---|---|
| KEY SYMPTOMS | <ul style="list-style-type: none"> Fever Chills Cough Loss of sense of smell or taste Difficulty breathing | 1 or more of these key symptoms: Get tested and stay home. |
| OTHER SYMPTOMS | <ul style="list-style-type: none"> Sore throat Loss of appetite Headache Body Aches Extreme fatigue or tiredness Nausea or vomiting Diarrhea | 1 of these other symptoms: Stay home until you feel better. 2 or more of these other symptoms: Stay home and wait 24 hours to see if you feel better. Get tested if not better after 24 hours. |
| 2. International Travel | Have you returned from travel outside Canada in the last 14 days? | |
| 3. Confirmed Contact | Are you a confirmed contact of a person confirmed to have COVID-19? | |

* Check BCCDC's [Symptoms of COVID-19](#) regularly to ensure the list is up to date. If you have any concerns or questions about your health, you may contact 8-1-1 at any time.

If you answered "YES" to 1 of the key symptoms, get tested and stay home.

If you answered "YES" to 1 of the other symptoms, stay home until you feel better.

If you answered "YES" to 2 or more of the other symptoms, stay home and wait 24 hours to see if you feel better. Get tested if not better after 24 hours.

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.

A health-care provider note (i.e. a doctor's note) should not be required to confirm the health status of any individual.

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