

**TRILLIUM LAKELANDS DISTRICT SCHOOL BOARD**

**Daily Health Assessment**

Please review this checklist each day for each child in your household. If the answer is **no** to all of the questions in the chart your child may enter a TLDSB building or school. If you answer **yes** to any of the questions, please do not send your child or enter the school. Please monitor your child’s health and proceed to the [Government of Ontario COVID-19 self-assessment page](#).

**Do not report results unless your child has any of the symptoms listed below.**

Does your child have any of the following symptoms?	CIRCLE ONE	
Fever (feeling hot to the touch, temperature 37.8 degrees Celsius or higher)	YES	NO
Cough that's new or worsening (continuous, more than usual) or	YES	NO
Barking cough, making a whistling noise when breathing (croup)	YES	NO
Sore Throat (not related to seasonal allergies or other known conditions)	YES	NO
Shortness of Breath (out of breath, unable to breathe deeply)	YES	NO
Chills	YES	NO
Runny, stuffy, or congested nose (not related to seasonal allergies or other known causes or conditions)	YES	NO
Extreme tiredness that is unusual (fatigue, lack of energy)	YES	NO
Nausea / Vomiting / Diarrhea	YES	NO
For young children: sluggishness or lack of appetite	YES	NO
Falling down often	YES	NO
Sore muscles (long lasting or unusual)	YES	NO
Headache that’s unusual or long lasting	YES	NO
Pink eye (irritated, itchy or painful eye that may have crusting or discharge)	YES	NO
Loss of sense of taste or smell	YES	NO
In the last 14 days, have you been in close physical contact with someone who tested positive for COVID-19?	YES	NO
Have you or your child been in close physical contact with someone who either is currently sick, or returned from outside of Canada in the last 2 weeks, with new COVID-19 symptoms.	YES	NO
Have you or anyone in your household travelled outside of Canada in the last 14 days?	YES	NO