

# CHECK YOUR CHILD DAILY FOR SYMPTOMS OF COVID-19

Complete this self-assessment daily before sending your child to school settings

Child name: \_\_\_\_\_ Child temperature: \_\_\_\_\_ Date: \_\_\_\_\_

Before sending your child to school settings, assess your child for NEW, WORSENING or UNEXPLAINED symptoms related to COVID-19. If you are concerned about your child's symptoms, consult your health care provider.

## Common symptoms of COVID-19 include:



**FEVER**  
(temperature of 37.8°C or greater)

Yes  No



**NEW OR WORSENING COUGH**

Yes  No



**SHORTNESS OF BREATH**

Yes  No



**SORE THROAT OR DIFFICULTY SWALLOWING**

Yes  No



**ALTERED SMELL OR TASTE**

Yes  No



**NAUSEA/VOMITING, DIARRHEA, ABDOMINAL PAIN**

Yes  No



**RUNNY NOSE, OR NASAL CONGESTION**  
(unrelated to seasonal allergies, post nasal drip etc.)

Yes  No

## Other less common symptoms of COVID-19 can include:

- |                              |                             |   |                              |                             |   |
|------------------------------|-----------------------------|---|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tiredness, feeling unwell or muscle aches | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Red/purple discolouration to hands, fingers, feet and/or toes, and skin may peel (COVID-toes) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Worsening of chronic conditions           |                              |                             |   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Chills                                    |                              |                             |   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Headaches                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Increased tiredness/fatigue   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Croup                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Difficulty feeding in infants   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pink eye                                  |                              |                             |   |

For an up-to-date list of all symptoms, please reference the North Bay Parry Sound District Health Unit (<https://www.myhealthunit.ca/en/health-topics/coronavirus.asp>)

**If your child has underlying health conditions, share this information with your school so they are aware of possible related symptoms.**

## If your child has new, worsening or unexplained symptoms related to COVID-19:

- Do not enter and return home immediately
- Seek assessment and testing as early as possible at a COVID-19 Assessment Centre and self-isolate while waiting for result
- If test result is negative, self-isolate for 24 hours after symptom resolution, unless you have been a close contact of an existing COVID-19 case in which case please follow instructions from Public Health and isolate for 14 days since last contact
- If test result is positive or test is not completed, self-isolate for 14 days (including any members of your household or people you had close contact with from 48 hours before symptom onset) and contact Public Health
- If parents/guardians have symptoms of COVID-19, do not enter the school and seek assessment and testing at a COVID-19 Assessment Centre and self-isolate while waiting for result.