

Daily Health Check/日常健康检查			
Symptoms of illness	Does your child have any of the following symptoms? 您的孩子是否有以下症状?	CIRCLE ONE	
	Fever 发热	YES	NO
	Chills 发冷	YES	NO
	Cough or worsening chronic cough 咳嗽 / 慢性咳嗽加重	YES	NO
	Shortness of breath 气促	YES	NO
	Sore throat 咽喉痛	YES	NO
	Runny nose/Stuff nose 流鼻涕 / 鼻塞	YES	NO
	Headache 头痛	YES	NO
	Fatigue 疲劳	YES	NO
	Diarrhea 腹泻	YES	NO
	Loss of appetite 食欲不振	YES	NO
	Nausea and vomiting 恶心和呕吐	YES	NO
	Muscle aches 肌肉疼痛	YES	NO
	Conjunctivitis (pink eye) 结膜炎 (红眼)	YES	NO
	Dizziness, confusion 头晕 / 混乱	YES	NO
	Abdominal pain 腹痛	YES	NO
	Skin rashes or discoloration of fingers and toes 皮疹或手指或脚趾变色	YES	NO
International Travel	Have you or anyone in your household returned from travel outside Canada in the last 14 days? 您或者您的家人在最近 14 天内有过出国旅行吗?	YES	NO
Confirmed Contact	Are you or is anyone in your household a confirmed contact of a person confirmed to have COVID-19? 您或者您的家人中有确诊的冠状病毒感染或接触史的情况吗?	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. 如果学生对任何问题的回答为“是”，则不应上学

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. 如果您感觉有任何不适或其中的症状，请与医疗工作者联系。包括拨打 811 或联系执业医师/护士。

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. 如果您对上述问题 2 或者 3 的回答是肯定的，请参照 COVID-19 症状自检评估表格一边确认您是否被感染冠状病毒。