

# COVID-19 ALBERTA HEALTH DAILY CHECKLIST



ADAPTED FOR THE PALLISER SCHOOL DIVISION

This checklist should be filled out daily before sending a child to school.

If a child answers **YES** to any of the questions below, they need to stay home from school.

Children or youth will need a parent to assist them to complete this screening tool.

## 1. DOES YOUR CHILD HAVE:



Fever/Chills



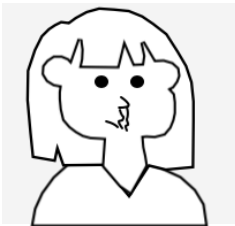
Cough



Shortness of breathe/  
Difficulty breathing



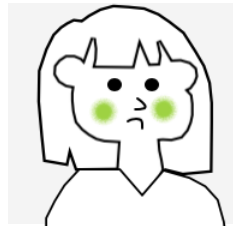
Sore Throat /  
Trouble Swallowing



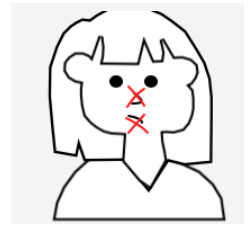
Runny nose



Tired/Fatigued



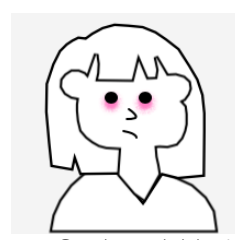
Nausea/  
Vomiting / Diarrhea



Not eating/  
Can't taste or smell food



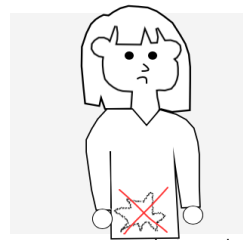
Headache



Conjunctivitis /  
Pink Eye



Sore Muscles/  
joints



Unexplained  
loss of appetite

## IN THE LAST 14 DAYS, HAS YOUR CHILD...

2. Travelled outside of Canada?
3. Had close contact with a positive COVID-19 case?
4. Had close contact with someone who had any symptoms listed above?

Close contact = Face-to-face contact within 2 metres.