

Morrell Covid-19 Daily Health Check

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_

Is your child experiencing any of the following new or worsening symptoms? (Yes/No)

- Fever or chills
- Cough
- Sore throat
- Difficulty breathing
- Diarrhea
- Nausea and/or vomiting
- Extreme fatigue or tiredness
- Body aches
- Loss of appetite
- Headache
- Loss of sense of smell or taste

Has your child traveled outside of Canada, including the United States, within the last 14 days? (Yes/No)

Have you been identified as a close contact of a COVID-positive case by Public Health? (Yes/No)

Have you been told to self-isolate by Public Health? (Yes/No)