



ÉCOLE RIVERDALE ELEMENTARY SCHOOL

14835 108A Avenue, Surrey, BC V3R 1W9
 Tel : (604) 588-5978 Fax : (604) 581-6382
www.surreyschools.ca/schools/riverdale

Principal: Mr. Jonathan Vervaeet
 Vice Principal: Mr. Christopher Naylor

Dear Parents and Guardians,

It has been great to see so many students return to school this week. We have seen a few smiling faces and many more smiling eyes as many students are wearing masks and we can't see their smiles! We've also been impressed with the variety of mask patterns we've seen.

One of the Public Health Guidelines in place to help keep schools a safe place is the daily health check. It is required that **each day** parents or care givers check their child for symptoms of common cold, influenza, or COVID-19 prior to coming to school. Here is the daily health check.

Daily Health Check			
1. Symptoms of Illness*	Does your child have any of the following symptoms?	CIRCLE ONE	
	Fever	YES	NO
	Chills	YES	NO
	Cough or worsening of chronic cough	YES	NO
	Shortness of breath	YES	NO
	Sore throat	YES	NO
	Runny nose / stuffy nose	YES	NO
	Loss of sense of smell or taste	YES	NO
	Headache	YES	NO
	Fatigue	YES	NO
	Diarrhea	YES	NO
	Loss of appetite	YES	NO
	Nausea and vomiting	YES	NO
	Muscle aches	YES	NO
	Conjunctivitis (pink eye)	YES	NO
	Dizziness, confusion	YES	NO
	Abdominal pain	YES	NO
Skin rashes or discoloration of fingers or toes	YES	NO	
2. International Travel	Have you or anyone in your household returned from travel outside Canada in the last 14 days?	YES	NO
3. Confirmed Contact	Are you or is anyone in your household a confirmed contact of a person confirmed to have COVID-19?	YES	NO

Keep this Daily Health Assessment in a handy, reusable area (such as your kitchen) and incorporate this Daily Health Assessment questionnaire into your morning routine, before leaving for school.



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If you answer "YES" to any of the questions and the symptoms are not related to a pre-existing condition (e.g. allergies), your child MUST NOT come to school.

If you answer "YES" to questions 2 or 3, use the COVID-19 Self-Assessment Tool (<https://bc.thrive.health>) to determine if you should be tested for COVID-19.

If any of your children 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.

One of the most important things you can do to help prevent illness at school is to stay home if you are displaying any symptoms of cold, influenza or COVID-19. Thank you for doing your part to keep our school safe.

Please return the bottom part of this notice to your classroom teacher indicating that you will complete this assessment each day before sending your child to school

Sincerely,

Jonathan Vervaeet
Principal

I have read this notice and I understand that I need assess my child for illness each morning before school.

Student Name: _____ Parent Name and Signature: _____