



Vancouver College Daily Health Check

Are you experiencing any of the following symptoms?

- | | |
|--|---|
| <input type="checkbox"/> Fever higher than 38 C | <input type="checkbox"/> Loss of appetite |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Extreme fatigue or tiredness |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Loss of sense of smell or taste | <input type="checkbox"/> Body aches |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Nausea or vomiting |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Diarrhea |

NONE OF THE ABOVE

Are you a confirmed close contact of a person confirmed to have COVID-19?

- Yes No

If you answered NO to all the questions above, you are NOT required to stay home. If you have any concerns or questions about your sons health, please contact 8-1-1 directly

**Thank you for helping us
keep our VC Community
safe and healthy!**