



Saint Patrick Regional Secondary School

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St. Patrick Regional Secondary - Student Health Screening Form

Dear Parents and Guardians,

As you may know we will be back to school in a way that looks much like it did before the Covid 19 Pandemic. Key measures that will continue are daily health checks, regular hand washing/sanitizing and to start the school year mandatory mask use indoors. In order to help maintain the integrity of our safety plan and keep our whole community of staff, students and their families protected, like last year, we require that all students be screened every day for symptoms using the checklist on the following page of this document or using the [K-12 Health Check](#).

This screening will be the responsibility of the parents or guardians and must be completed every morning before your child leaves for school.

If your child answers “YES” to any of the questions and the symptoms are not related to a pre-existing condition (e.g. allergies), he/she should NOT come to school. If he/she is experiencing any symptoms of illness, contact a health-care provider for further assessment (8-1-1, or a primary care provider like a physician or nurse practitioner). If your child answers “YES” to questions 2 or 3, use the [COVID-19 Self-Assessment Tool](#) to determine if he/she should be tested for COVID-19. Another tool for you is the [When to Get Tested Document](#)

Please complete the acknowledgement below. This must be printed, signed and your child must submit it to his/her House Teacher on September 10th otherwise, your child cannot be admitted to the school building. Please keep the checklist page as a reference for your daily checks.

I, _____ the Parent/guardian of _____ do hereby accept and acknowledge the responsibility to complete the health screening every morning before school and will not permit my son/daughter to attend school should he/she answer yes to any of the questions on the screening form.

Parent Signature: _____

Date: _____

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The following must be used for parents and caregivers to complete prior to their child coming to school.

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
	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/Body aches	YES	NO
	Dizziness, confusion	YES	NO
International Travel	Have you or anyone in your household returned from travel outside Canada in the last 14 days?	YES	NO
Confirmed Contact	Are you or is anyone in your household a confirmed contact of a person confirmed to have COVID-19?	YES	NO

If a student 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. 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. If they answered "YES" to questions 2 or 3, use the [COVID-19 Self-Assessment Tool](#) to determine if they should be tested for COVID-19.