

## Daily Health Assessment Form

Please complete, sign, and return a copy of this form to AOLCC – Surrey campus at [info@bcaol.com](mailto:info@bcaol.com).

This is to confirm you understand your responsibility to conduct this Daily Health Assessment.

Daily Health Assessment		
Date:		
Symptoms of Illness	Do you have any of the following symptoms? Please circle ONE for each line	
New or worsening cough	Yes	No
Shortness of breath or difficulty breathing	Yes	No
Temperature equal to or over 38 degrees celsius	Yes	No
Feeling feverish	Yes	No
Chills	Yes	No
Fatigue or weakness	Yes	No
Muscle or body aches	Yes	No
New loss of smell or taste	Yes	No
Headache	Yes	No
Abdominal pain	Yes	No
Diarrhea	Yes	No
Vomiting	Yes	No
Feeling very unwell	Yes	No
<b>IMPORTANT: If you are experiencing any symptoms of illness, contact 811 at HealthLink BC or a health-care provider for further assessment.</b>		

Declaration

I hereby declare that the information I provided is true and reflects my current health assessment.

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Student Name