



QUEEN OF ALL SAINTS SCHOOL

STUDENT HEALTH REPORT

Child's Name: _____ Grade: _____

My child has not been:

- Around anyone who has symptoms or a confirmed case of COVID-19 in the last 10 days.
- Ordered by the PHO to self-isolate.
- Around anyone who has arrived from outside of Canada.

My child has not:

- Displayed any flu-like symptoms in the last 24 hours, including fever, chills, body aches, vomiting, diarrhea.
- Displayed any respiratory symptoms in the last 24 hours, including, coughing, sneezing, runny nose or eyes.

Parent Signature: _____

**This report must be presented to your child's teacher each morning prior to entry into the school.*



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