 Northland School Division

**COVID-19, Student case report**

|  |  |
| --- | --- |
| School | Date |
| Name | Time they became ill |

|  |  |  |
| --- | --- | --- |
| Age | Grade | Time Parent notified |

|  |
| --- |
| Time parent picked up student |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Symptoms** | **✓** |  |  |  |  |
| Fever |  | Chills |  | Unexplained loss of appetite |  |
| Cough |  | Runny Nose |  | loss of sense of taste or smell |  |
| Short of Breath |  | Feeling Unwell / Fatigued |  | muscle or joint aches |  |
| Sore Throat |  | Nausea, Vomiting |  | Headache |  |
| Painful Swallowing |  | Diarrhea |  | Conjunctivitis (pink-eye) |  |

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| --- |
| Notes |
|  |

Teacher \_\_\_\_\_\_\_\_\_\_\_\_

Principal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Keep a copy at the school

Email a copy to [OHS@nsd61.ca](mailto:OHS@nsd61.ca)