



COVID-19

Please complete before entering the school.

Name: _____ Date: _____ Time: _____

1. Does your child have any of the following new or worsening symptoms?*



Fever > 37.8°C



Cough



Difficulty breathing



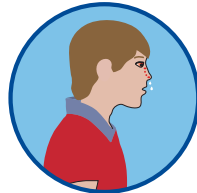
Loss of taste or smell

If "YES": Stay home, self-isolate & get tested or contact your child's health care provider.

2. Does your child have any of the following new or worsening symptoms?*



Sore throat, painful swallowing



Stuffy/runny nose



Headache



Nausea, vomiting, diarrhea



Feeling unwell, muscle aches, feeling tired

If "YES" to 1 symptom:

- Stay home for 24 hours from when symptom started.
- If improving in 24 hours, can return to school. No test needed.
- If not improving, or getting worse, self-isolate & get tested.

If "YES" to 2 or more symptoms:

- Stay home, self-isolate & get tested or contact your child's health care provider.

3. Has your child travelled outside of Canada in the past 14 days? Yes No

4. Has your child been identified as a close contact of someone with COVID-19? Yes No

5. Has your child been instructed to stay home and self-isolate? Yes No

If you answered "YES" to questions 3, 4 or 5:

- Your child must stay home, self-isolate & follow the advice of public health.

*Children who have an existing health condition identified by a health care provider that gives them the symptoms should not answer YES, unless the symptom is new, different or getting worse. Look for changes from your child's normal symptoms.