



# COVID-19

Please complete before entering the school.

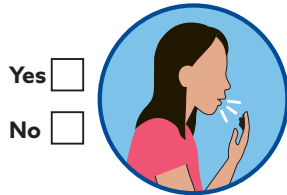
Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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



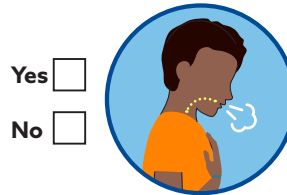
Yes   
No

Fever > 37.8°C



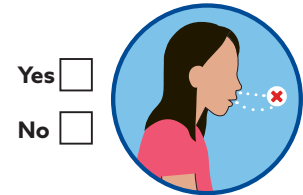
Yes   
No

Cough



Yes   
No

Difficulty breathing

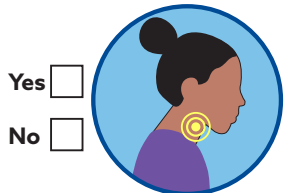


Yes   
No

Loss of taste or smell

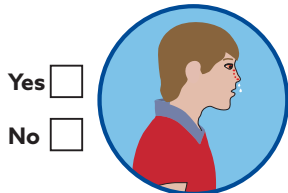
If "YES": Stay home, self-isolate & get tested or contact your child's health care provider.

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



Yes   
No

Sore throat,  
painful swallowing



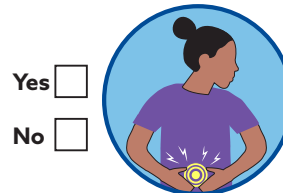
Yes   
No

Stuffy/runny nose



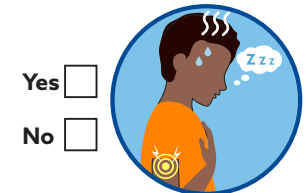
Yes   
No

Headache



Yes   
No

Nausea,  
vomiting,  
diarrhea



Yes   
No

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.