

Screening Questionnaire

PARENTS/GUARDIANS/STUDENTS MUST USE THIS QUESTIONNAIRE DAILY TO DECIDE IF THE STUDENT SHOULD ATTEND SCHOOL

1.	Do you, or your child attending the program, have any of the below symptoms:	CIRCLE ONE	
	• Fever	YES	NO
	• Cough	YES	NO
	• Headache	YES	NO
	• Muscle and/or joint aches and pains	YES	NO
	• Sore throat	YES	NO
	• Chills	YES	NO
	• Runny nose	YES	NO
	• Nasal congestion	YES	NO
	• Conjunctivitis	YES	NO
	• Dizziness	YES	NO
	• Fatigue	YES	NO
	• Nausea/vomiting	YES	NO
	• Diarrhea	YES	NO
	• Loss of appetite	YES	NO
	• Loss of sense of taste or smell	YES	NO
	• Shortness of breath or difficulty breathing	YES	NO
2.	Has the person attending the activity/facility travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you/your child or anyone in your household been in close <u>unprotected</u> contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO

* “unprotected” means close contact without appropriate personal protective equipment (PPE).

- If you have answered “**Yes**” to any of the above questions, please **DO NOT** enter the school at this time. Call 811 or contact _____ for further direction.
- If you have answered “**No**” to all the above questions, you may attend school.