

COVID-19 SCREENING QUESTIONNAIRE

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

The tool is meant to be used to assist with assessing attendees who may be symptomatic, or who may have been exposed to someone who is ill or has confirmed COVID-19. Attendees should fill out this checklist prior entering school daily. If an individual answers YES to any of the questions, they must not be allowed to attend school. Children and youth will need a parent to assist them to complete this screening tool. As the COVID-19 pandemic continues to evolve, this screening tool will be updated as required.

A copy DOES NOT need to be submitted to the school each day unless requested to do so (based on individual school/program needs).

RISK ASSESSMENT: INITIAL SCREENING QUESTIONS

| 1. | Does the attendee have any new onset (or worsening) of any of the following | CIRCLE ONE | |
|----|--|------------|----|
| | • Fever | YES | NO |
| | • Cough | YES | NO |
| | • Shortness of Breath / Difficulty Breathing | YES | NO |
| | • Sore throat | YES | NO |
| | • Chills | YES | NO |
| | • Painful swallowing | YES | NO |
| | • Runny Nose / Nasal Congestion | YES | NO |
| | • Feeling unwell / Fatigued | YES | NO |
| | • Nausea / Vomiting / Diarrhea | YES | NO |
| | • Unexplained loss of appetite | YES | NO |
| | • Loss of sense of taste or smell | YES | NO |
| | • Muscle/ Joint aches | YES | NO |
| | • Headache | YES | NO |
| | • Conjunctivitis (Pink Eye) | YES | NO |
| 2. | Has the attendee travelled outside of Canada in the last 14 days? | YES | NO |
| 3. | Has the attendee had close contact* with a confirmed case of COVID-19 in the last 14 days? | YES | NO |
| 4. | Has the attendee had close contact with a symptomatic** close contact of a confirmed case of COVID-19 in the last 14 days? | YES | NO |

* Face-to-face contact within 2 metres. A health care worker in a occupational setting wearing the recommended personal protective equipment is not considered to be a close contact.

** 'Ill/symptomatic' means someone with COVID-19 symptoms on the list above

If you have answered “Yes” to any of the above questions, please **DO NOT** enter the school at this time. You should stay home and use the [COVID-19 Self-Assessment Tool](#) to determine whether you need to be tested for COVID-19.

If you have answered “No” to all the above questions, you may attend school.