STOP COVID-19 Please complete before entering the child care centre

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 child care.
   - 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.