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

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
- Sore throat or pain swallowing
- Stuffy or runny nose
- Headache
- Nausea, vomiting or diarrhea
- Feeling unwell, muscle aches or tired

If “YES” to any symptom: Stay home & self-isolate + Get tested Or Contact a health care provider

2. Is there a child or sibling in your household who has one or more of the above symptoms?  

- Yes  
- No

3. Has the child travelled outside of Canada in the past 14 days?  

- Yes  
- No

4. Has the child been notified as a close contact of someone with COVID-19?  

- Yes  
- No

5. Has the child been told to stay home and self-isolate?  

- Yes  
- No

If “YES” to Questions 2, 3, 4 or 5: Stay home & self-isolate + Follow public health advice

*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.

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