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
   - Contact a health care provider

2. Does anyone in your household have one or more of the above symptoms?  
   - Yes  □ No  □

3. Has anyone in your household travelled outside of Canada in the past 14 days?  
   - Yes  □ No  □

4. Has anyone in your household been notified as a close contact of someone with COVID-19 or been told to stay home and self-isolate?  
   - Yes  □ No  □

   If “YES” to Questions 2, 3, or 4:  
   - Stay home  
   - Follow Toronto 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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