Please complete before entering the school.

Name: ___________________________  Date: ______________  Time: ______________

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

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?*

- Sore throat, painful swallowing
- Stuffy/runny nose
- Headache
- Nausea, vomiting, diarrhea
- 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 school. 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.