1. Does the student have any of the following new or worsening symptoms?*

- Fever $> 37.8^\circ\text{C}$
- Cough
- Difficulty breathing
- Loss of taste or smell
- Feeling unwell, muscle aches or tired
- Stuffy or runny nose
- Headache
- Nausea, vomiting or diarrhea
- Sore throat or pain swallowing

If “YES” to any symptom: Stay home & self-isolate or Get tested or 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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