



COVID-19 K – 12 STUDENT SCREENING TOOL

Please complete before entering the school.

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



Fever > 37.8°C



Cough



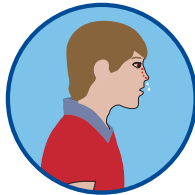
Difficulty breathing



Loss of taste or smell



Feeling unwell, muscle aches or tired



Stuffy or runny nose



Headache



Sore throat or pain swallowing

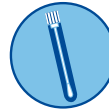


Nausea, vomiting or diarrhea

If "YES" to any symptom:



Stay home & self-isolate



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.

Updated February 2021