



# COVID-19 Screening

For staff/visitors/adult learners at child care & school settings

Updated Sept. 2, 2021

## 1. Do you have any of the following new or worsening symptoms?\*



Fever and/or chills



Cough



Trouble breathing



Decrease or loss of taste or smell



Tired, sore muscles or joints

\* If you have a health condition diagnosed by a health care provider that gives you the symptom, select "No". If the symptom is new, different or getting worse, select "Yes".

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 and/or are waiting for test results after experiencing symptoms?

Yes

No

\* If you are fully vaccinated\* or have tested positive for COVID-19 in the last 90 days and been cleared, select "No".

## 3. Have you been notified as a close contact of someone with COVID-19 or been told to stay home and self-isolate?

Yes

No

\* If you are fully vaccinated\* or have tested positive for COVID-19 in the last 90 days and been cleared or public health has told you that you do not have to self-isolate, select "No".

## 4. In the last 10 days, have you tested positive on a rapid antigen test or a home-based self-testing kit?

Yes

No

\* If you have since tested negative on a lab-based PCR test, select "No".

## 5. In the last 14 days, have you travelled outside of Canada AND been advised to quarantine per the [federal quarantine requirements](#)?

Yes

No

If "YES" to questions 2,3,4 or 5:



Stay home & self-isolate



Follow public health advice



\* Fully vaccinated means 14 days or more after getting a second dose of a two dose COVID-19 vaccine series or one dose of a single dose series.

\*\*Anyone who is sick or has any symptoms of illness should stay home and seek assessment from their health care provider if needed.