**Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **In the past 48 hours…** | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | |
| 1. Do you feel unwell? | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| 2. Do you have any **ONE** of these symptoms |  |  |  |  |  |  |  |  |  |  |
| Fever (or chills or sweats) | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| New or worsening of a previous cough | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| 3. Do you have any **TWO** of these symptoms |  |  |  |  |  |  |  |  |  |  |
| Sore throat | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| Headache | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| Shortness of breath | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| New or worsening nasal congestion or runny nose | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| 4. In the last 14 days, have you traveled outside the Atlantic Bubble? (NS, PEI, NFL, NB | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| 5. In the last 14 days, have had close contact  (within 2 metre/ 6 feet) with someone confirmed  to have COVID-19 infection? | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| 6. Are you waiting results from a COVID-19.test? | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| **Signature** |  |  |  |  |  |  |  |  |  |  |

**Visitor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **In the past 48 hours…** | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | |
| 1. Do you feel unwell? | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| 2. Do you have any **ONE** of these symptoms |  |  |  |  |  |  |  |  |  |  |
| Fever (or chills or sweats) | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| New or worsening of a previous cough | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| 3. Do you have any **TWO** of these symptoms |  |  |  |  |  |  |  |  |  |  |
| Sore throat | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| Headache | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| Shortness of breath | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| New or worsening nasal congestion or runny nose | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| 4. In the last 14 days, have you traveled outside the  Atlantic Bubble? (NS, PEI, NFL, NB) | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| 5. In the last 14 days, have had close contact  (Within 2 metre/ 6 feet) with someone ….confirmed to have COVID-19 infection? | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| 6. Are you waiting results from a COVID-19 test? | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| **Signature** |  |  |  |  |  |  |  |  |  |  |

**Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **In the past 48 hours…** | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | |
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| 2. Do you have any **ONE** of these symptoms |  |  |  |  |  |  |  |  |  |  |
| Fever (or chills or sweats) | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| New or worsening of a previous cough | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| 3. Do you have any **TWO** of these symptoms |  |  |  |  |  |  |  |  |  |  |
| Sore throat | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| Headache | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| Shortness of breath | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| New or worsening nasal congestion or runny nose | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| 4. In the last 14 days, have you traveled outside the  Atlantic Bubble? (NS, PEI, NFL, NB) | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| 5. In the last 14 days, have had close contact  (Within 2 metre/ 6 feet) with someone ….confirmed to have COVID-19 infection? | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| 6. Are you waiting results from a COVID-19 test? | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| **Signature** |  |  |  |  |  |  |  |  |  |  |

**Visitor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **In the past 48 hours…** | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | |
| 1. Do you feel unwell? | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| 2. Do you have any **ONE** of these symptoms |  |  |  |  |  |  |  |  |  |  |
| Fever (or chills or sweats) | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| New or worsening of a previous cough | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| 3. Do you have any **TWO** of these symptoms |  |  |  |  |  |  |  |  |  |  |
| Sore throat | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| Headache | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| Shortness of breath | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| New or worsening nasal congestion or runny nose | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| 4. In the last 14 days, have you traveled outside the  Atlantic Bubble? (NS, PEI, NFL, NB) | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| 5. In the last 14 days, have had close contact  (Within 2 metre/ 6 feet) with someone ….confirmed to have COVID-19 infection? | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| 6. Are you waiting results from a COVID-19 test? | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| **Signature** |  |  |  |  |  |  |  |  |  |  |