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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **In the past 48 hours have you…** | Monday | Tuesday | Wednesday | Thursday | Friday |
| 1. Felt unwell? | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| 2. 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. 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **In the past 48 hours have you…** | Monday | Tuesday | Wednesday | Thursday | Friday |
| 1. Felt unwell? | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| 2. 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. 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** |  |  |  |  |  |  |  |  |  |  |

If you answered YES in Questions 1 or 2, or if you have any questions, **contact 811.**

*Chronic stable cough, sneeze, runny nose, or nasal congestion that is unchanged and clearly linked to a known medical condition such as asthma or allergies may still continue to work.*

**Changing or worsening of chronic symptoms requires isolation and contacting 811.**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **In the past 48 hours have you…** | Monday | Tuesday | Wednesday | Thursday | Friday |
| 1. Felt unwell? | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| 2. 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. 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **In the past 48 hours have you…** | Monday | Tuesday | Wednesday | Thursday | Friday |
| 1. Felt unwell? | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| 2. 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. 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** |  |  |  |  |  |  |  |  |  |  |

If you answered YES in Questions 1 or 2, or if you have any questions, **contact 811.**

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