



# COVID-19 Please complete before entering the child care setting

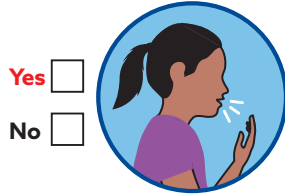
Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## 1. Does your child have any of the following new or worsening symptoms?\*



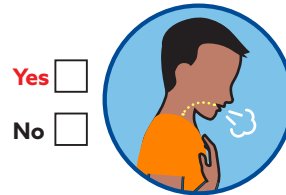
Yes   
No

Fever > 37.8°C



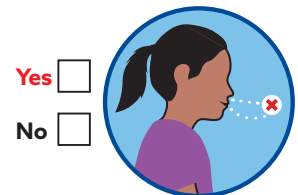
Yes   
No

Cough



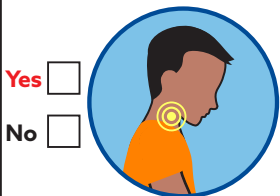
Yes   
No

Difficulty breathing



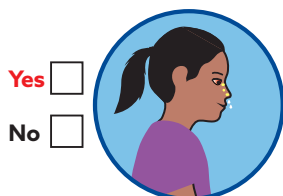
Yes   
No

Loss of taste or smell



Yes   
No

Sore throat or pain swallowing



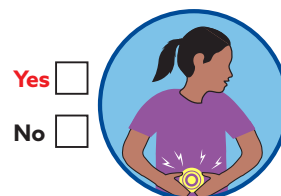
Yes   
No

Stuffy or runny nose



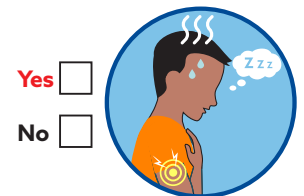
Yes   
No

Headache



Yes   
No

Nausea, vomiting or diarrhea



Yes   
No

Feeling unwell, muscle aches or tired

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





# Jackman Daycare Health Pass

The most important thing families can do to help slow the spread of COVID-19, is to screen their children daily for any COVID-19 symptoms and keep them home from daycare if they are sick or have had close contact with anyone diagnosed with COVID-19.

Review this COVID-19 checklist daily with your child. Sign\* below each day to confirm that your child does not have any symptoms or have had other exposure to COVID-19. We all have a role in keeping our daycare safe and healthy. Please fill out one per child.

Child Name : \_\_\_\_\_

Date: _____	Signature: _____	Date: _____	Signature: _____
Date: _____	Signature: _____	Date: _____	Signature: _____
Date: _____	Signature: _____	Date: _____	Signature: _____
Date: _____	Signature: _____	Date: _____	Signature: _____
Date: _____	Signature: _____	Date: _____	Signature: _____
Date: _____	Signature: _____	Date: _____	Signature: _____
Date: _____	Signature: _____	Date: _____	Signature: _____
Date: _____	Signature: _____	Date: _____	Signature: _____
Date: _____	Signature: _____	Date: _____	Signature: _____
Date: _____	Signature: _____	Date: _____	Signature: _____
Date: _____	Signature: _____	Date: _____	Signature: _____

*\*The daycare reserves the right to refuse entry to any child who staff believe to be showing symptoms listed above*