STOP 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: _____

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