



# COVID-19

Please complete before entering the child care centre

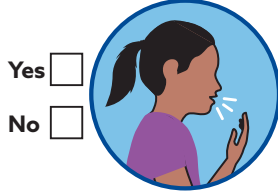
Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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



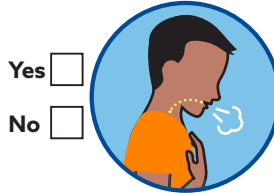
Yes   
No

Fever > 37.8°C



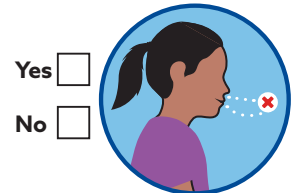
Yes   
No

Cough



Yes   
No

Difficulty breathing

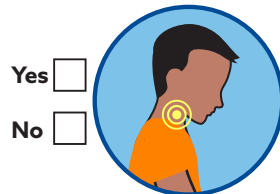


Yes   
No

Loss of taste or smell

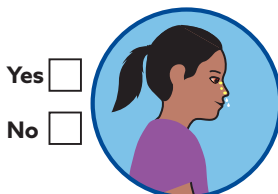
If "YES": Stay home, self-isolate & get tested or contact your child's health care provider.

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



Yes   
No

Sore throat,  
painful swallowing



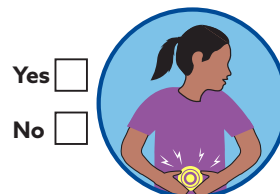
Yes   
No

Stuffy/runny nose



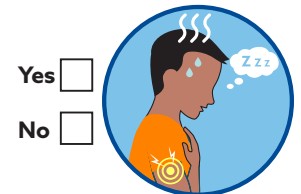
Yes   
No

Headache



Yes   
No

Nausea,  
vomiting,  
diarrhea



Yes   
No

Feeling unwell,  
muscle aches,  
feeling tired

### If "YES" to 1 symptom:

- Stay home for 24 hours from when symptom started.
- If improving in 24 hours, can return to child care. No test needed.
- If not improving, or getting worse, self-isolate & get tested.

### If "YES" to 2 or more symptoms:

- Stay home, self-isolate & get tested or contact your child's health care provider.

3. Has your child travelled outside of Canada in the past 14 days?  Yes  No

4. Has your child been identified as a close contact of someone with COVID-19?  Yes  No

5. Has your child been instructed to stay home and self-isolate?  Yes  No

### If you answered "YES" to questions 3, 4 or 5:

- Your child must stay home, self-isolate & follow the advice of public health.

\*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.

# COVID-19 school and child care screening tool

Version 2: October 1, 2020

Children must screen for COVID-19 every day before going to school or child care.  
Parents can fill this out on behalf of a child.

## Screening Questions (place an “X” in the appropriate column)

1. Does your child have any of the following **new or worsening** symptoms? Symptoms should not be chronic or related to other known causes or conditions.






<b>Fever and/or chills</b> (temperature of 37.8°C/100.0°F or greater)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Cough</b> (more than usual if chronic cough) including croup (barking cough, making a whistling noise when breathing) Not related to other known causes or conditions (e.g., asthma, reactive airway)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Shortness of breath</b> (dyspnea, out of breath, unable to breathe deeply, wheeze that is worse than usual if chronically short of breath) Not related to other known causes or conditions (e.g., asthma)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Decrease or loss of smell or taste</b> (new olfactory or taste disorder) Not related to other known causes or conditions (e.g., nasal polyps, allergies, neurological disorders)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Does your child have any of the following **new or worsening** symptoms? Symptoms should not be chronic or related to other known causes or conditions.

<b>Sore throat</b> (painful swallowing or difficulty swallowing) Not related to other known causes or conditions (e.g., post nasal drip, gastroesophageal reflux)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Stuffy nose and/or runny nose</b> (nasal congestion and/or rhinorrhea) Not related to other known causes or conditions (e.g., seasonal allergies, returning inside from the cold, chronic sinusitis unchanged from baseline, reactive airways)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Headache</b> that is new and persistent, unusual, unexplained, or long-lasting Not related to other known causes or conditions (e.g., tension-type headaches, chronic migraines)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Nausea, vomiting and/or diarrhea</b> Not related to other known causes or conditions (e.g., transient vomiting due to anxiety in children, chronic vestibular dysfunction, irritable bowel syndrome, inflammatory bowel disease, side effect of medication)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Fatigue, lethargy, muscle aches or malaise</b> (general feeling of being unwell, lack of energy, extreme tiredness, poor feeding in infants) that is unusual or unexplained Not related to other known causes or conditions (e.g., depression, insomnia, thyroid dysfunction, anemia)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Has your child travelled outside of Canada in the past 14 days?  
 Yes  No
4. Has your child been identified as a close contact of someone who is confirmed as having COVID-19 by your local public health unit (or from the COVID Alert app if they have their own phone)?  
 Yes  No
5. Has your child been directed by a health care provider including public health official to isolate?  
 Yes  No

## Results of Screening Questions

-  If you answered "YES" to any of the symptoms included under question 1:
- Your child should stay home to isolate immediately.
  - Contact your child's health care provider for further advice or assessment, including if your child needs a COVID-19 test or other treatment.
-  If you answered "YES" to only one of the symptoms included under question 2:
- Your child should stay home for 24 hours from when the symptom started.
  - If the symptom is improving, your child may return to school/child care when they feel well enough to do so. A negative COVID-19 test is not required to return.
  - If the symptom persists or worsens, contact your child's health care provider for further advice or assessment, including if your child needs a COVID-19 test or other treatment.
-  If you answered "YES" to two or more of the symptoms included under question 2:
- Your child should stay home to isolate immediately.
  - Contact your child's health care provider for further advice or assessment, including if your child needs a COVID-19 test or other treatment.
-  If you answered "YES" to question 3, 4 or 5:
- Your child should stay home to isolate immediately and follow the advice of public health.
  - If your child develops symptoms, you should contact your local public health unit or your child's health care provider for further advice.
-  If you answered "NO" to all the questions, your child may go to school.

### Public Health Ontario - Contact Tracing

**Answering these questions is optional.** This information will only be used by Public Health officials for contact tracing. All information will be deleted in 28 days.

Date: \_\_\_\_\_

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

Phone or Email: \_\_\_\_\_