

# STOP COVID-19 Screening for children/students

Please complete before entering the child care/JK-12 school setting.

Updated January 10, 2022

**A) Does the child/student or anyone in the household have 1 or more of these new or worsening symptoms, today, or in the last 5 or 10 days?\***



**Cough**  
Yes  No

**Difficulty breathing**  
Decrease or loss of taste/smell  
Yes  No

**B) Does the child/student or anyone in the household have 2 or more of these new or worsening symptoms today, or in the last 5 or 10 days?\***

**Sore throat**  
Yes  No

**Headache**  
Yes  No

**Feeling very tired**  
Yes  No

**Runny nose/nasal congestion**  
Yes  No

**Muscle aches/joint pain**  
Yes  No

**Nausea, vomiting or diarrhea**  
Yes  No

If the symptom is from a known health condition that gives them the symptom, select "No". If the symptom is new, different or getting worse, select "Yes".

If there is mild tiredness, sore muscles or joints within 48 hours after a COVID-19 vaccine, select "No". If longer than 48 hours, select "Yes".

Anyone who is sick or has any symptoms of illness, should stay home and seek assessment from their health care provider if needed.

If child/student has one symptom from Part B stay home until symptoms improve for at least 24 hours or 48 hours if nausea/vomiting/diarrhea.

**If "YES": Stay home & self-isolate. +**

If child/student has one symptom from Part B stay home until symptoms improve for at least 24 hours or 48 hours if nausea/vomiting/diarrhea.

**Your household including siblings must self-isolate, regardless of vaccination status.**

Use test date if no symptoms

**If "YES": Stay home & self-isolate. +**

If child/student has one symptom from Part B stay home until symptoms improve for at least 24 hours or 48 hours if nausea/vomiting/diarrhea.

**2. Has the student/child or anyone in the household had a positive COVID-19 test in the last 5 or 10 days\*, or has the student/child been told to stay home and self-isolate?**

**Yes**

**No**

**If "YES": Stay home & self-isolate.**

If child/student has one symptom from Part B stay home until symptoms improve for at least 24 hours or 48 hours if nausea/vomiting/diarrhea.

**3. In the last 10 days has the student/child been notified as a close contact of someone with COVID-19, or received a COVID Alert notification? \***

**Yes**

**No**

If the person is not a household member AND the student/child is fully vaccinated \*\* or public health has told you that you do not need to self-isolate, select 'No'

**If "YES": Stay home & self-isolate.**

If child/student has one symptom from Part B stay home until symptoms improve for at least 24 hours or 48 hours if nausea/vomiting/diarrhea.

**4. In the last 14 days, has the student/child travelled outside of Canada?**

**Yes**

**No**

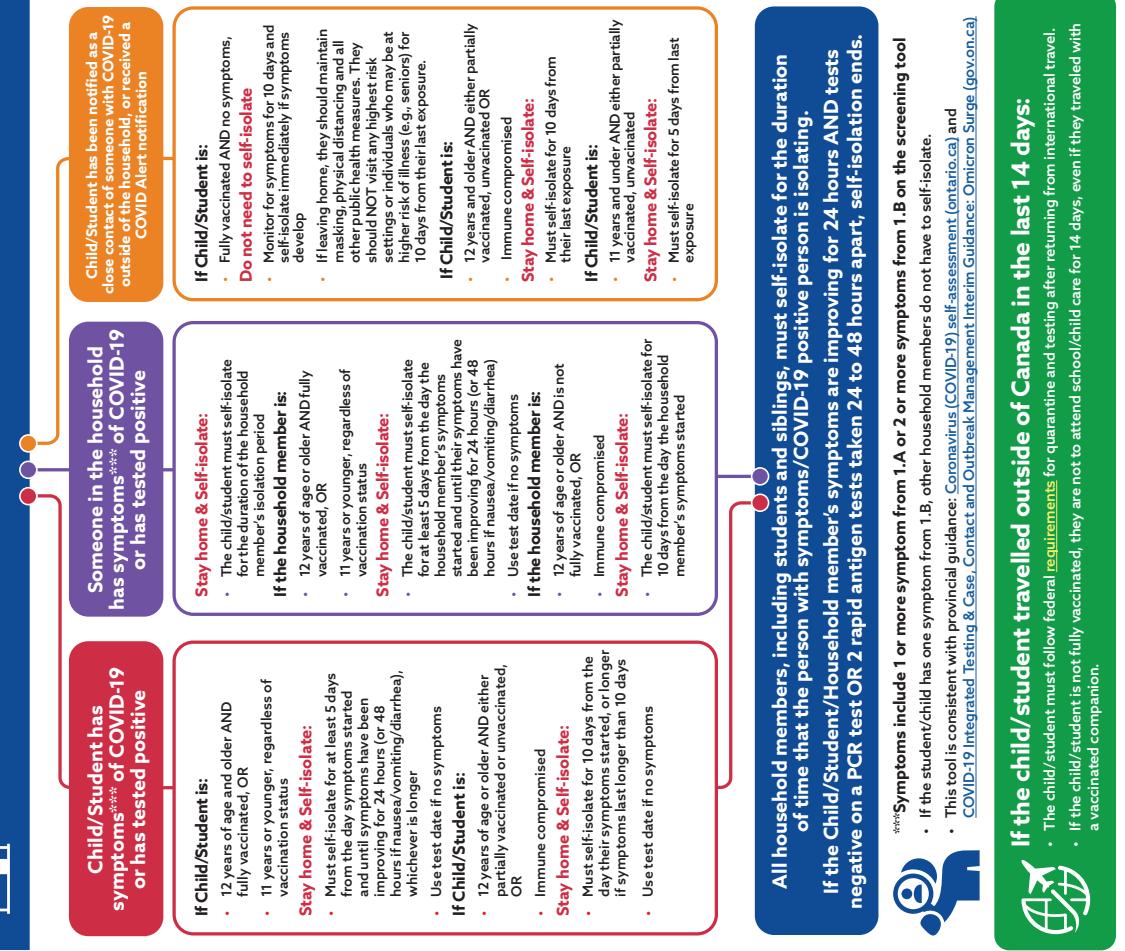
**If "YES": Follow federal quarantine travel rules.**

If the student/child must follow federal requirements for quarantine and testing after returning from international travel.

If the student/child is not fully vaccinated, they are not to attend school/child care for 14 days, even if they traveled with a vaccinated companion.



## MY CHILD MUST SELF-ISOLATE - FOR HOW LONG?





# Jackman Daycare

## Health Pass

January 10, 2022

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: \_\_\_\_\_