

COVID-19 SCREENING QUESTIONNAIRE – FOR STUDENTS

PARENTS/GUARDIANS MUST FILL OUT THIS QUESTIONNAIRE TO DECIDE IF THE CHILD SHOULD ENTER TODAY

1. Has the child:
(Choose any/all possible exposures)

Traveled outside Canada in the last 14 days? When entering or returning to Alberta from outside Canada, individuals are legally required to quarantine for 14 days unless enrolled in the Alberta COVID-19 International Border Pilot Project	YES	NO
Had close contact with a case of COVID-19 in the last 14 days? Face-to-face contact within 2 metres for 15 minutes or longer, or direct physical contact such as hugging	YES	NO
If the child answered “YES” to any of the above: <ul style="list-style-type: none"> The child is required to quarantine for 14 days from the last day of exposure. <ul style="list-style-type: none"> If the child is participating in the Alberta COVID-19 International Border Pilot Project, they must comply with the program restrictions at all times. If the child develops any symptoms, use the AHS Online Assessment Tool or call Health Link 811 to determine if testing is recommended. 		
If the child answered “NO” to both of the above: <ul style="list-style-type: none"> Proceed to question 2. 		

2. Does the child have any new onset (or worsening) of the following core symptoms:

Fever Temperature of 38 degrees Celsius or higher	YES	NO
Cough Continuous, more than usual, not related to other known causes or conditions such as asthma	YES	NO
Shortness of breath Continuous, out of breath, unable to breathe deeply, not related to other known causes or conditions such as asthma	YES	NO
Loss of sense of smell or taste Not related to other known causes or conditions like allergies or neurological disorders	YES	NO
If the child answered “YES” to any symptom in question 2: <ul style="list-style-type: none"> The child is to isolate for 10 days from onset of symptoms. Use the AHS Online Assessment Tool or call Health Link 811 to arrange for testing and to receive additional information on isolation. 		
If the child answered “NO” to all of the symptoms in question 2: <ul style="list-style-type: none"> Proceed to question 3. 		

3. Does the child have any new onset (or worsening) of the following other symptoms:

Chills Without fever, not related to being outside in cold weather	YES	NO
Sore throat/painful swallowing Not related to other known causes/conditions, such as seasonal allergies or reflux	YES	NO
Runny nose/congestion Not related to other known causes/conditions, such as seasonal allergies or being outside in cold weather	YES	NO
Feeling unwell/fatigued Lack of energy, poor feeding in infants, not related to other known causes or conditions, such as depression, insomnia, thyroid dysfunction or sudden injury	YES	NO

Nausea, vomiting and/or diarrhea Not related to other known causes or conditions, such as anxiety, medication or irritable bowel syndrome	YES	NO
Unexplained loss of appetite Not related to other known causes or conditions, such as anxiety or medication	YES	NO
Muscle/joint aches Not related to other known causes or conditions, such as arthritis or injury	YES	NO
Headache Not related to other known causes or conditions, such as tension-type headaches or chronic migraines	YES	NO
Conjunctivitis (commonly known as pink eye)	YES	NO
If the child answered “YES” to ONE symptom in question 3: <ul style="list-style-type: none"> Keep your child home and monitor for 24 hours. If their symptom is improving after 24 hours, they can return to school and activities when they feel well enough to go. Testing is not necessary. If the symptom does not improve or worsens after 24 hours (or if additional symptoms emerge), use the AHS Online Assessment Tool or call Health Link 811 to check if testing is recommended. 		
If the child answered “YES” to TWO OR MORE symptoms in question 3: <ul style="list-style-type: none"> Keep your child home. Use the AHS Online Assessment Tool or call Health Link 811 to determine if testing is recommended. Your child can return to school and activities once their symptoms go away as long as it has been at least 24 hours since their symptoms started. 		
If the child answered “NO” to all questions: <ul style="list-style-type: none"> Your child may attend school, child care and/or other activities. 		

Your child may enter at this time and will be taken in to practice hand hygiene (handwashing for 20 seconds and/or use hand sanitizer) before and after their visit.

Our goal is to minimize the risk of infection to our staff and children, thank you for your understanding and cooperation.

Child's Name _____

Parent/Guardian Signature _____

Date _____