

Daily Screening Questionnaire for Parents/Guardians/Students Before Attending School

Do you, or your child attending school, have any of the following new or worsening symptoms?	Circle One	
	YES	NO
Fever (37.8°C or greater)	YES	NO
New or worsening cough	YES	NO
Shortness of breath/difficulty breathing	YES	NO
Sore throat	YES	NO
Chills	YES	NO
Difficulty swallowing	YES	NO
Runny nose/nasal congestion (in absence of underlying reason for this such as seasonal allergies, post nasal drip, etc.)	YES	NO
Feeling unwell/fatigued/malaise	YES	NO
Nausea/vomiting, diarrhea, abdominal pain	YES	NO
Unexplained loss of appetite	YES	NO
Loss of sense of taste or smell	YES	NO
Muscle/joint aches	YES	NO
Headache	YES	NO
Conjunctivitis (pink eye)	YES	NO
Has your child, or anyone in the child's household, had close contact (face-to-face contact within two metres) with anyone with a respiratory illness or confirmed or probable case of COVID-19?	YES	NO
Has your child, or anyone in the child's household, returned from travel outside of Canada in the last 14 days (excluding travel due to work, or other essential needs that did not require an overnight stay)?	YES	NO

- If you answered **NO** to all questions, your child may attend school.
- If you answered **YES** to any question, **DO NOT** send your child to school at this time. Your child should stay home. Complete the COVID-19 Self-Assessment Tool at <https://covid-19.ontario.ca/self-assessment/> to determine if medical care is required and if a COVID-19 test is needed. Your child may return to school as directed by a primary care provider.

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