

COVID-19 school screening

Print Today's Date (mm-dd-yyyy)_____

You must screen for COVID-19 every day before going to school.

You can fill this out on behalf of a student.

Place an "X" in the appropriate column		YES	NO
Q1. Are you currently experiencing any of these symptoms? (Choose any/all that are new, worsening, and not related to other known causes or conditions.)			
<input type="checkbox"/> Fever (Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher) <input type="checkbox"/> Chills <input type="checkbox"/> Cough that's new or worsening (Continuous, more than usual, not related to other known causes or conditions - for example, COPD) <input type="checkbox"/> Barking cough, making a whistling noise when breathing (Croup, not related to other known causes or conditions) <input type="checkbox"/> Shortness of breath (Out of breath, unable to breathe deeply, not related to other known causes or conditions - for example, asthma) <input type="checkbox"/> Sore throat (Not related to other known causes or conditions - for example, seasonal allergies, acid reflux) <input type="checkbox"/> Difficulty swallowing (Painful swallowing, not related to other known causes or conditions) <input type="checkbox"/> Runny nose (Not related to other known causes or conditions - for example, seasonal allergies, being outside in cold weather) <input type="checkbox"/> Stuffy or congested nose (Not related to other known causes or conditions - for example, seasonal allergies)	<input type="checkbox"/> Decrease or loss of taste or smell (Not related to other known causes or conditions - for example, allergies, neurological disorders) <input type="checkbox"/> Pink eye (Conjunctivitis, not related to other known causes or conditions - for example, reoccurring styes) <input type="checkbox"/> Headache that's unusual or long-lasting (Not related to other known causes or conditions - for example, tension-type headaches, chronic migraines) <input type="checkbox"/> Digestive issues like nausea/vomiting, diarrhea, stomach pain (Not related to other known causes or conditions - for example, irritable bowel syndrome, anxiety in children, menstrual cramps) <input type="checkbox"/> Muscle aches that are unusual or long lasting (Not related to other known causes or conditions (for example, a sudden injury, fibromyalgia) <input type="checkbox"/> Extreme tiredness that is unusual (Fatigue, lack of energy, not related to other known causes or conditions - for example, depression, insomnia, thyroid dysfunction) <input type="checkbox"/> Falling down often (for older people) <input type="checkbox"/> Sluggishness or lack of appetite (for young children and infant)		
Q2. If you have any symptoms, are they normal for you (related to a known cause or condition)? You should talk with a doctor if you feel sick or think you have the cold or flu because symptoms are similar to COVID-19.			
Q3. Have you travelled outside of Canada in the last 14 days?			
Q4. In the last 14 days, have you tested positive for COVID-19?			

Place an "X" in the appropriate column	YES	NO
<p>Q5. In the last 14 days, have you been in close physical contact with someone who currently has COVID-19? This includes getting a COVID Alert exposure notification.</p> <p>Close physical contact means:</p> <ul style="list-style-type: none"> • being less than 2 metres away in the same room, workspace, or area • living in the same home • being in the same classroom 		
<p>Q6. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?</p>		

	If you answered NO to Q1 and Q3 and Q4 and Q5 and Q6 YOU MAY GO TO SCHOOL
	If you answered YES to Q1 and Q2 and NO to Q3 and Q4 and Q5 and Q6 YOU MAY GO TO SCHOOL
	If you have answered YES to Q1 and NO to Q2 YOU MAY NOT GO TO SCHOOL
	If you have answered YES to Q1 and Q2 and Q3 YOU MAY NOT GO TO SCHOOL
	If you have answered NO to Q1 and YES to Q4 and Q5 and Q6 YOU MAY NOT GO TO SCHOOL

Next steps:

1. Contact the school to let them know about this result
2. Isolate (stay home) and do not leave except to get tested or for a medical emergency
3. Talk with a doctor/health care provider or visit an assessment centre if you want to get a COVID-19 test

If you were in close physical contact with someone who currently has COVID-19 you must isolate for 14 days, even if you get a negative test result. If you travelled outside Canada you must isolate for 14 days starting from the date you returned, even if you do not have symptoms. This is a federal law. You can go to school again after 14 days if you do not have any symptoms.

If someone in your household has symptoms, contact your local public health unit to see if those without symptoms should go to school. Some public health units, like Ottawa and Peel, have different rules based on local risk.

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:	