COVID-19 school and child care screening

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

Date (mm-dd-yyyy) ______________

Screening Questions

1. In the last 14 days, has the student/child travelled outside of Canada? If exempt from federal quarantine requirements, select “No”
   □ Yes □ No

2. Has a doctor, health care provider, or public health unit told you that the student/child should currently be isolating (staying at home)? This can be because of an outbreak or contact tracing.
   □ Yes □ No

3. In the last 14 days, has the student/child been identified as a “close contact” of someone who currently has COVID-19?
   □ Yes □ No

4. In the last 14 days, has the student/child received a COVID Alert exposure notification on their cell phone? If they already went for a test and got a negative result, select “No”
   □ Yes □ No

5. Is the student/child currently experiencing any of these symptoms? Choose any/all that are new, worsening, and not related to other known causes or conditions they already have.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td><strong>Fever and/or chills</strong></td>
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<tr>
<td>Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher</td>
<td>□ Yes □ No</td>
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<td><strong>Cough or barking cough (croup)</strong></td>
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<td>Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, or other known causes or conditions they already have)</td>
<td>□ Yes □ No</td>
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<td><strong>Shortness of breath</strong></td>
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<td>Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions they already have)</td>
<td>□ Yes □ No</td>
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<td><strong>Decrease or loss of taste or smell</strong></td>
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<td>Not related to seasonal allergies, neurological disorders, or other known causes or conditions they already have</td>
<td>□ Yes □ No</td>
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<td><strong>Sore throat or difficulty swallowing</strong></td>
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<td>Painful swallowing (not related to seasonal allergies, acid reflux, or other known causes or conditions they already have)</td>
<td>□ Yes □ No</td>
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<td><strong>Runny or stuffy/congested nose</strong></td>
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<tr>
<td>Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions they already have</td>
<td>□ Yes □ No</td>
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Headache
Unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions they already have)

If the student/child received a COVID-19 vaccination in the last 48 hours and is experiencing a mild headache that only began after vaccination, select “No.”

Yes □  No □

Nausea, vomiting and/or diarrhea
Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions they already have

Yes □  No □

Extreme tiredness or muscle aches
Unusual, fatigue, lack of energy, poor feeding in infants (not related to depression, insomnia, thyroid dysfunction, sudden injury, or other known causes or conditions they already have)

If the student/child received a COVID-19 vaccination in the last 48 hours and is experiencing mild fatigue and/or mild muscle aches/joint pain that only began after vaccination, select “No.”

Yes □  No □

6. Is someone that the student/child lives with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?

If the individual experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, select “No.”

Yes □  No □

Results of screening questions

If you answered “YES” to question 1 or 3 do not go to school or child care.

• The student/child must self-isolate (stay home) for 14 days and not leave except to get tested or for a medical emergency.
• If you answered “YES” to question 1, follow the advice of public health. The student/child can return to school/child care after they are cleared by your local public health unit.
• If you answered “YES” to question 3, talk with a doctor/health care provider to get advice or an assessment, including if they need a COVID-19 test. The student/child can return to school/child care only after 14 days, even if they get a negative test result.
  ▪ If you live in certain areas of the province, like Toronto or Peel, siblings and other people in your household must stay at home for 14 days. This is because of local risk factors.
  ▪ If you live in other areas of Ontario, siblings and other people in your household can go to school, child care or work, but must not leave the home for other non-essential reasons. Ask your school/child care for more information.
• If they develop symptoms or test positive, contact your local public health unit or doctor/health care provider for more advice.
• Contact your school/child care provider to let them know about this result.

If you answered “YES” to question 2 do not go to school or child care.

• The student/child must self-isolate (stay home) and not leave except for a medical emergency.
• Follow the advice of public health. The student/child can return to school/child care after they are cleared by your local public health unit.
• If they develop symptoms, contact your local public health unit or doctor/health care provider for more advice.
• If you live in certain areas of the province, like Toronto or Peel, siblings and other people in your household must stay at home. This is because of local risk factors.
• If you live in other areas of Ontario, siblings and other people in your household can go to school, child care or work, but must not leave the home for other non-essential reasons. Ask your school/child care for more information.
• Contact your school/child care provider to let them know about this result.

If you answered “YES” to question 4 do not go to school or child care.
• The student/child must self-isolate (stay home) and not leave except for a medical emergency.
• Visit an assessment centre to get them a COVID-19 test.
  ▪ If they test negative (they do not have the virus), they can return to school/child care.
  ▪ If they test positive (they have the virus), they can return only after they are cleared by your local public health unit.
• If they develop symptoms, contact your local public health unit or doctor/health care provider for more advice.
• Siblings or other people in your household can go to school, child care or work, but must not leave the home for other, non-essential reasons until the individual who got the COVID alert tests negative, or is cleared by your local public health unit.
• Contact your school/child care provider to let them know about this result.

If you answered “YES” to any of the symptoms included under question 5 or question 6 do not go to school or child care.
• The student/child must isolate (stay home) and not leave except to get tested or for a medical emergency.
• If you answered “YES” to question 5, talk with a doctor/health care provider to get advice or an assessment, including if the student/child need a COVID-19 test.
• If you answered “YES” to question 6, the student/child can return to school or child care after the individual gets a negative COVID-19 test result, or is cleared by your local public health unit, or is diagnosed with another illness.
• Siblings or other people in your household must stay at home until the student/child showing symptoms or individual tests negative, or is cleared by your public health unit, or is diagnosed with another illness.
• Contact your school/child care provider to let them know about this result.

If you answered “NO” to all questions, your child may go to school/child care because they seem to be healthy and have not been exposed to COVID-19. Follow your school/child care provider’s established process for letting staff know about this result (if applicable).

If the student/child received a COVID-19 vaccination in the last 48 hours and has mild headache, fatigue, muscle aches and/or joint pain that only began after immunization, and no other symptoms, they are to wear a properly fitted mask for their entire time at school/child care. Their mask may only be removed to consume food or drink and they must remain at least two metres away from others when their mask has been removed. If the symptoms worsen, continue past 48 hours, or if they develop other symptoms, they should leave school/child care immediately to self-isolate and seek COVID-19 testing. If the symptoms worsen, continue past 48 hours, or if they develop other symptoms, they should leave school/child care immediately to self-isolate and seek COVID-19 testing.

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:________________________________________________________________________________________

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