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. **Is the student/child currently experiencing any of these symptoms?**
   The symptoms listed here are the symptoms most commonly associated with COVID-19. If you have these symptoms, you should isolate and seek testing. Please note that rapid antigen testing is not to be used for those with symptoms of COVID-19 or for contacts of known COVID-19 cases.

   Anyone who is sick or has any symptoms of illness, including those not listed below, should stay home and seek assessment from their health care provider if needed.

   Choose any/all that are new, worsening, and not related to other known causes or conditions they already have.

   **Fever and/or chills**
   Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher and/or chills
   [ ] Yes   [ ] No

   **Cough or barking cough (croup)**
   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)
   [ ] Yes   [ ] No

   **Shortness of breath**
   Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions they already have)
   [ ] Yes   [ ] No

   **Decrease or loss of taste or smell**
   Not related to seasonal allergies, neurological disorders, or other known causes or conditions they already have
   [ ] 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

2. **Do any of the following apply to the student/child?**
   - They are fully vaccinated against COVID-19 (it has been 14 days or more since their final dose of either a two-dose or a one-dose vaccine series)
   - They have tested positive for COVID-19 in the last 90 days (and since been cleared)

   If YES, skip questions 3, 4, 5 and 9.

   Personal health information is not collected when you complete this screening tool. The purpose of this question is to provide accurate isolation instructions, which are based on vaccination status and previous infection history.
3. Is someone that the student/child lives with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?  □ Yes  □ No
   Children (<18 years old): fever and/or chills, cough or barking cough, shortness of breath, decrease or loss of taste or smell, nausea, vomiting and/or diarrhea
   Adults: (≥18 years old): fever and/or chills, cough or barking cough, shortness of breath, decrease or loss of taste or smell, tiredness, muscle aches
   If the individual experiencing symptoms received a COVID-19 and/or flu vaccination in the last 48 hours and is experiencing only mild fatigue, muscle aches, and/or joint pain that only began after vaccination, select “No.”

4. In the last 10 days, has the student/child been identified as a “close contact” of someone who currently has COVID-19?  □ Yes  □ No
   If public health has advised you that you do not need to self-isolate, select “No.”

5. In the last 10 days, has the student/child received a COVID Alert exposure notification on their cell phone?  □ Yes  □ No
   If the student/child has since tested negative on a lab-based PCR test, select “No.”

6. Do any of the following apply?  □ Yes  □ No
   • In the last 14 days, the student/child travelled outside of Canada and was told to quarantine
   • In the last 14 days, the student/child travelled outside of Canada and was told to not attend school/child care
   Please note that if the child/student is not fully vaccinated but is exempt from federal quarantine because they travelled with a vaccinated companion, they must not attend school or child care for 14 days. Select “yes” if this applies to the student/child.

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

8. In the last 10 days, has the student/child tested positive on a rapid antigen test or a home-based self-testing kit?  □ Yes  □ No
   If the student/child has since tested negative on a lab-based PCR test, select “No.”

9. In the last 10 days, has anyone in the student/child’s household tested positive on a rapid antigen test or a home-based self-testing kit?  □ Yes  □ No
   If the individual who tested positive on the rapid antigen test or home-based self-testing kit has since tested negative on a lab-based PCR test, select “No.”

Results of screening questions

If you answered “YES” to any of the symptoms included under question 1, 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.
• Talk with a doctor/health care provider to get advice or an assessment, including if the student/child needs a COVID-19 test.
  ▪ Siblings or other people in your household must stay at home until the student/child showing symptoms tests negative, or is cleared by your public health unit, or is diagnosed with another illness. Household members who are fully vaccinated or previously positive for COVID-19 in the last 90 days and have since been cleared are not required to stay home.
• Contact your school/child care provider to let them know about this result.
If you answered “YES” to question 3, 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.
• The student/child can return to school or child care after the individual with symptoms tests negative, is cleared by your local 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 “YES” to question 4, do not go to school or child care.
• The student/child must isolate (stay home) for 10 days and not leave except to get tested or for a medical emergency.
• Follow the advice of your local public health unit or a health care provider, including which symptoms to monitor for and when to get a COVID-19 PCR test. Please note that rapid antigen testing is not to be used for contacts of known COVID-19 cases.
• The student/child can only return to school/child care after 10 days, even if they get a negative test result, as long as they do not develop any symptoms.
  ▪ 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. Household members who are fully vaccinated or previously positive for COVID-19 in the last 90 days and have since been cleared are not required to stay home.
• If the student/child develops any of the symptoms listed above or tests 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 5, 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.
• Visit an assessment centre to get them a COVID-19 test.
  ▪ If they test negative on a PCR test, they can return to school/child care.
  ▪ If they test positive on a PCR test, they need to continue isolating and 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 on a PCR test, or is cleared by your local public health unit. Household members who are fully vaccinated or previously positive for COVID-19 in the last 90 days and have since been cleared are not required to stay home.
• Contact your school/child care provider to let them know about this result.

If you answered “YES” to question 6, do not go to school or child care.
• The student/child must follow federal guidelines for individuals who have travelled internationally, including not going to school/child care for 14 days after their arrival and getting tested as per federal requirements.
• If the student/child has been directed to quarantine, they must stay home for 14 days and not leave except to get tested or for a medical emergency. For more information on federal requirements for travellers, please see the Government of Canada’s website.
• If the student/child develops symptoms and/or tests 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 7, 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.
• 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 the student/child develops symptoms, contact your local public health unit or doctor/health care provider for more advice.
  ▪ Siblings or other people in your household must stay at home until the student/child tests negative, or is cleared by your public health unit. Household members who are fully vaccinated or previously positive for COVID-19 in the last 90 days and have since been cleared are not required to stay home.
• Contact your school/child care provider to let them know about this result.

If you answered “YES” to question 8, 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.
• Visit an assessment centre to get them a COVID-19 test.
  ▪ If they test negative on a PCR test, they can return to school/child care.
  ▪ If they test positive on a PCR test, they need to continue isolating and 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 must stay at home until the student/child tests negative, or is cleared by your local public health unit. Household members who are fully vaccinated or previously positive for COVID-19 in the last 90 days and have since been cleared are not required to isolate.
• Contact your school/child care provider to let them know about this result.

If you answered “YES” to question 9, do not go to school or child care.
• The student/child must isolate (stay home) and should not leave except to get tested or for a medical emergency.
• The student/child can return to school or child care after the individual who tested positive on a rapid antigen test or home-based self-testing kit tests negative on a PCR test.
• 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. Follow your school/child care provider’s established process for letting staff know about this result.
• As per regular protocols, all sick individuals with any symptoms of illness should stay home and seek assessment from their regular health care provider if required.
• Individuals with severe symptoms requiring emergency care should go to their nearest emergency department.
• If an individual develops symptoms outside of the list above, the Public Health Unit may recommend other measures including testing based on an assessment of the individual’s symptoms and exposure history.

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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: __________________________________________