



COVID-19 STUDENT and CHILD CARE SCREENING TOOL Please complete before entering.

20210615

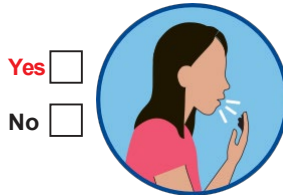
Name: _____ Date: _____ Time: _____

1. Does the student/child have any of the following new or worsening symptoms?*



Yes
No

Fever > 37.8°C



Yes
No

Cough



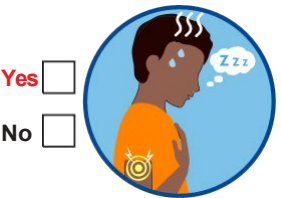
Yes
No

Difficulty breathing



Yes
No

Loss of taste or smell



Yes
No

Feeling unwell, muscle aches or tired**



Yes
No

Stuffy or runny nose



Yes
No

Headache**



Yes
No

Sore throat or pain swallowing



Yes
No

Nausea, vomiting or diarrhea

If "YES" to any symptom:



Go home & self-isolate



Get tested

Or



Contact a health care provider

2. Does anyone in your household have one or more of the above symptoms? Yes No

3. Has anyone in your household travelled outside of Canada in the past 14 days? Yes No

4. Has anyone in your household been notified as a close contact of someone with COVID-19 or been told to stay home and self-isolate? Yes No

If "Yes" to Questions 2, 3, or 4:



Go home



Follow Timiskaming Health Unit advice

*Children who have an existing health condition identified by a health care provider that gives them the symptoms should not answer YES, unless the symptom is **new**, **different** or **getting worse**. Look for changes from your child's normal symptoms.

**not related to getting a COVID-19 vaccine in the last 48 hours

Note: If you have received a COVID vaccine in the last 48hrs and are experiencing mild headache, fatigue, muscle aches and/or joint pain (that only began after vaccination), you must wear a well fitted mask for the entire time at school/child care. You may take the mask off to eat or drink quickly. You must stay at least 2 metres away from others while it is off.