



Child Name: _____ Date: _____

1. Has your child or anyone in their household travelled outside of Canada in the last 14 days?

Yes No

2. Has you or your child or anyone in their household been in contact* with a positive COVID-19 case in the last 14 days?

Yes No

3. Does your child or anyone in their household have any symptoms?

- Fever > 37.8°C
- New or worsening cough
- Shortness of breath
- Sore throat
- Trouble swallowing
- Changes in taste or smell
- Nausea/vomiting (more than once in 24hr period)
- Diarrhea (more than once in 24hr period)
- Unusual headache
- Runny nose, or nasal congestion (not related to seasonal allergies)
- Unexplained fatigue
- Unexplained muscle aches
- Red eye with discharge

Yes No

4. Has your child recently been given any medication to reduce a fever?

Yes No

If you answered **yes** to any of the above questions, your child may not attend daycare or school. If your child has any symptoms of COVID-19, they should be assessed by a health care provider.

Parent/Guardian Signature: _____

**Contact does not include interactions that have been assessed as low risk by public health. This includes healthcare interactions where appropriate personal protective equipment was used.*