

## Daily Screening Questionnaire for Parents/Guardians/Students Before Attending School

1.	Does your child have any of the following <b>new</b> or <b>worsening</b> symptoms?	Circle One	
		YES	NO
	Fever (37.8°C or greater)	YES	NO
	New or worsening cough	YES	NO
	Shortness of breath/difficulty breathing	YES	NO
	Sore throat	YES	NO
	Chills	YES	NO
	Difficulty swallowing	YES	NO
	Runny nose/nasal congestion (in absence of underlying reason for this such as seasonal allergies, post nasal drip, etc.)	YES	NO
	Feeling unwell/fatigued	YES	NO
	Nausea/vomiting, diarrhea, atypical abdominal pain	YES	NO
	Unexplained loss of appetite	YES	NO
	Loss of sense of taste or smell	YES	NO
	Muscle/joint aches	YES	NO
	Atypical headache	YES	NO
	Conjunctivitis (pink eye)	YES	NO
2.	<b>Has your child had close contact (face-to-face contact within two metres) with anyone with a respiratory illness or confirmed or probable case of COVID-19?</b>	YES	NO
3.	<b>Has your child returned from travel outside of Canada in the last 14 days?</b>	YES	NO

- If you answered **NO** to all questions, your child may attend school.
- If you answered **YES** to any of the symptoms, a COVID-19 test is needed.
- If you answered **YES** to question #2, please consult your local Public Health Unit for further direction.
- If you answered **YES** to question #3, isolation is required for 14 days if you've travelled outside of Canada. If your child develops symptoms, a COVID-19 test is needed.

### CK Public Health

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