

Screening Questionnaire

STAFF/PARENTS/GUARDIANS/STUDENTS MUST USE THIS QUESTIONNAIRE TO DECIDE IF THE STAFF MEMBER OR STUDENT SHOULD ATTEND SCHOOL

Risk Assessment: Initial Screening Questions

1.	Do you, or your child is attending the program, have any of the below symptoms:	CIRCLE ONE	
	• Fever	YES	NO
	• Cough	YES	NO
	• Shortness of Breath / Difficulty Breathing	YES	NO
	• Sore throat	YES	NO
	• Chills	YES	NO
	• Painful swallowing	YES	NO
	• Runny Nose / Nasal Congestion	YES	NO
	• Feeling unwell / Fatigued	YES	NO
	• Nausea / Vomiting / Diarrhea	YES	NO
	• Unexplained loss of appetite	YES	NO
	• Loss of sense of taste or smell	YES	NO
	• Muscle/ Joint aches	YES	NO
	• Headache	YES	NO
	• Conjunctivitis (Pink Eye)	YES	NO
2.	Has the person attending the activity/facility travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you/your child had close <u>unprotected*</u> contact (face-to-face contact within 2 meters) with someone who has travelled outside of Canada in the last 14 days and who is ill?	YES	NO
4.	Have you/your child been in close <u>unprotected</u> contact in the last 14 days with someone who his ill (symptomatic of COVID-19)?	YES	NO
5.	Have you or anyone in your household been in close <u>unprotected</u> contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO

* “unprotected” means close contact without appropriate personal protective equipment (PPE).

If you have answered “**Yes**” to any of the above questions, please **DO NOT** enter the school at this time.

If you have answered “**No**” to all the above questions, you may attend school.