



Daily COVID-19 Screening Verification Log

Student Name: _____

Teacher/Class: _____

At this time, students are **required to submit confirmation each school day that they have completed the COVID-19 Screening**. Students who are not able to confirm their daily screening on their own using an electronic device will require assistance from their parent or guardian using this log. Please return this log daily to the school.

The screening tool can be accessed online: <https://covid-19.ontario.ca/school-screening/>

**If the screening tool indicates the student may attend school today,
please initial below under the correct date and return this page to the school with your child.**

September 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11 THANKSGIVING HOLIDAY	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						