

COVID-19 school and child care screening

Version 3; December 22, 2020

Students and children must screen for COVID-19 every day before going to school or child care. Parents/guardians can fill this out on behalf of a child.

Date (mm-dd-yyyy) _____

Screening Questions

1. Does the student/child live and/or go to school/child care in Toronto or Peel Region? Yes No

2. Is the student/child currently experiencing any of these symptoms?
Place an "X" in the appropriate column. Choose any/all that are new, worsening, and not related to other known causes or conditions they already have.

Fever and/or chills Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough or barking cough (croup) Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, or other known causes or conditions they already have)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions they already have)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Decrease or loss of taste or smell Not related to seasonal allergies, neurological disorders, or other known causes or conditions they already have	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat or difficulty swallowing Painful swallowing (not related to seasonal allergies, acid reflux, or other known causes or conditions they already have)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Runny or stuffy/congested nose Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions they already have	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache Unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions they already have)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea, vomiting and/or diarrhea Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions they already have	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extreme tiredness or muscle aches Unusual, fatigue, lack of energy, poor feeding in infants (not related to depression, insomnia, thyroid dysfunction, sudden injury, or other known causes or conditions they already have)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. In the last 14 days, has the student/child travelled outside of Canada? Yes No
4. In the last 14 days, has the student/child been identified as a "close contact" of someone who currently has COVID-19? Yes No
5. In the last 14 days, has the student/child received a COVID Alert exposure notification on their cell phone? Yes No
(If they already went for a test and got a negative result, select "No.")
6. Has a doctor, health care provider, or public health unit told you that the student/child should currently be isolating (staying at home)? Yes No

Results of Screening Questions

- !** If you answered "YES" to question 1 (living in Toronto or Peel Region) and the student/child has any of the symptoms included under question 2 do not go to school or child care.
- The student/child should isolate (stay home) and not leave except to get tested or for a medical emergency.
 - Talk with a doctor/health care provider to get advice or an assessment, including if they need a COVID-19 test.
 - Check with your school/child care provider or your local public health unit to see if siblings or other people in your household without symptoms should isolate and for how many days. The rules are different in certain parts of the province because of local risk factors.
 - Contact your school/child care provider to let them know about this result.
- !** If you answered "YES" to two or more of the symptoms included under question 2, or to having fever and/or chills, cough or barking cough, shortness of breath, decrease or loss of taste or smell do not go to school or child care.
- The student/child should isolate (stay home) and not leave except to get tested or for a medical emergency.
 - Talk with a doctor/health care provider to get advice or an assessment, including if they need a COVID-19 test.
 - Check with your school/child care provider or your local public health unit to see if siblings or other people in your household without symptoms should isolate and for how many days. The rules are different in certain parts of the province because of local risk factors.
 - Contact your school/child care provider to let them know about this result.
- !** If you answered "YES" to having only one of sore throat/difficulty swallowing, runny/stuffy/congested nose, headache, nausea, vomiting/diarrhea, extreme tiredness/muscle aches do not go to school or child care.
- The student/child should isolate (stay home) **for 24 hours** and not leave except for a medical emergency.
 - Talk with a doctor/health care provider to get advice or an assessment, including if they need a COVID-19 test.
 - **After 24 hours:**
 - If their symptom is improving, they can return to school/child care when they feel well enough to go. They do not need to get tested.
 - If their symptom is persisting, worsening, or they are developing new symptoms, continue to stay home and talk with a doctor/health care provider for more advice, including if they need a COVID-19 test.
 - Check with your school/child care provider or your local public health unit to see if siblings or other people in your household without symptoms should isolate and for how many days. The rules are different in certain parts of the province because of local risk factors.
 - Contact your school/child care and let them know about this result.



If you answered "YES" to question 3 or 4 do not go to school or child care.

- The student/child should self-isolate (stay home) **for 14 days** and not leave except to get tested or for a medical emergency.
- Follow the advice of public health. They can return to school/child care after they are cleared by your local public health unit.
- If they develop symptoms, contact your local public health unit or doctor/health care provider for more advice.
- Check with your school/child care provider or your local public health unit to see if siblings or other people in your household should isolate and for how many days. The rules are different in certain parts of the province because of local risk factors.
- Contact your school/child care provider to let them know about this result.



If you answered "YES" to question 5 or 6 do not go to school or child care.

- The student/child should self-isolate (stay home) and not leave except to get tested or for a medical emergency.
- If you answered "YES" to question 5, visit an assessment centre to get them a COVID-19 test.
 - If they test negative (they do not have the virus), they can return to school/child care.
 - If they test positive (they have the virus), they can return only after they are cleared by your local public health unit.
- If you answered "YES" to question 6, follow the advice of public health. They can return to school/child care after they are cleared by your local public health unit.
 - If they develop symptoms, contact your local public health unit or doctor/health care provider for more advice.
- Check with your school/child care provider or your local public health unit to see if siblings or other people in your household should isolate and for how many days. The rules are different in certain parts of the province because of local risk factors.



If you answered "NO" to all questions, your child may go to school/child care because they seem to be healthy and have not been exposed to COVID-19. Follow your school/child care provider's established process for letting staff know about this result (if applicable).

Public Health Ontario – Contact Tracing

Answering these questions is optional. This information will only be used by Public Health officials for contact tracing. All information will be deleted in 28 days.

Date: _____

Name: _____

Phone or Email: _____