

Appendix C-Screening Questionnaire

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

Risk Assessment: Initial Screening Questions

1.	Do you, or your child attending the program, have any of the below symptoms:	Circle One	
		YES	NO
	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.	Have you, or anyone in your household, returned from travel outside of Canada in the last 14 days?	YES	NO
3.	Have you or your children attending the program had close unprotected* contact (face-to-face contact within 2 metres) with someone who is ill with cough and/or fever?	YES	NO
4.	Have you or anyone in your household been in close unprotected 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. You should stay home and use the [COVID-19 Self-Assessment Tool](#) to determine whether you need to be tested for COVID-19.

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