



COVID-19 Daily Screening Questionnaire for Students

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

1.	Does your child 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 or Joint Aches	YES	NO
	• Headache	YES	NO
	• Conjunctivitis (Pink Eye)	YES	NO
2.	Does your child attending the program have a temperature over 38.0 degrees C (100.4 degrees F) this morning?	YES	NO
3.	Has your child attending the program travelled outside of Canada in the last 14 days?	YES	NO
4.	Has your child attending the program or anyone in your household had close contact* with someone who has travelled outside of Canada in the last 14 days?	YES	NO
5.	Has your child attending the program or anyone in your household had close contact* in the last 14 days with someone who is "ill"***	YES	NO
6.	Has your child attending the program or anyone in your household been in close contact* in the last 14 days with someone who is either confirmed or currently being investigated to be a case of COVID-19?	YES	NO

* "close contact" means within 2 meters / 6 feet)

** "ill" means someone with COVID symptoms on the list above

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 of the above questions, you may attend this school provided you arrive at school (or Third Academy School Bus) with this completed form.

**STUDENT'S
TEMPERATURE TAKEN
THIS MORNING**

Student's Name: _____

I, the parent or guardian of the above student verify the information I have provided on this form is truthful and accurate.

Signature

Printed Name

Today's Date (Day/Month/Year)