



COVID-19 Daily Screening Questionnaire for Staff and Visitors **Version 3.0**

STAFF / VISITORS MUST COMPLETE THIS QUESTIONNAIRE DAILY

1.	Do you 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.	Do you have a temperature over 38.0 degrees C (100.4 degrees F) this morning?	YES	NO
3.	Have you travelled outside of Canada in the last 14 days or been in close contact* with someone who has?	YES	NO
4.	Have you or anyone in your household had close contact* in the last 14 days with someone who is "ill"** or is either confirmed or currently being investigated to be a case of COVID-19?	YES	NO
5.	Have you or any member of your household NOT complied with the Chief Medical Officer of Health's Orders or Alberta's mandatory enhanced public health measures? Go to thirdacademy.ca/covid for information.	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, **DO NOT** enter the school at this time. Contact the School Principal or designated person for instructions. Exceptions will be made for preexisting conditions and certain symptoms that are not COVID related.

If you have answered "No" to all of the above questions, you may enter the school or school bus provided you have completed this form.

**TEMPERATURE TAKEN
THIS MORNING**

I declare that the information I have provided on this form is truthful and accurate.

Signature

Printed Name

Today's Date (Day/Month/Year)