

Person's Name:

Date:

Temp upon arrival:

Screening Questions (place an "X" in the appropriate column)

1. Are they currently experiencing any of these symptoms?

Choose any/all that are new, worsening, and not related to other known causes or medical conditions.

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 other known causes or conditions (for example, asthma, post-infectious reactive airways)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath Out of breath, unable to breathe deeply, not related to other known causes or conditions (for example, asthma)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Decrease or loss of smell or taste Not related to other known causes or conditions (for example, allergies, neurological disorders)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Are they currently experiencing any of these symptoms?

Choose any/all that are new, worsening, and not related to other known causes or medical conditions.

Sore throat or difficulty swallowing Painful swallowing, not related to other known causes or conditions (for example, seasonal allergies, acid reflux)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Runny or stuffy/congested nose Not related to other known causes or conditions (for example, seasonal allergies, being outside in cold weather)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache that's unusual or long lasting Not related to other known causes or conditions (for example, tension-type headaches, chronic migraines)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea, vomiting and/or diarrhea Not related to other known causes or conditions (for example, irritable bowel syndrome, anxiety in children, menstrual cramps)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extreme tiredness that is unusual or muscle aches Fatigue, lack of energy, poor feeding in infants, not related to other known causes or conditions (for example, depression, insomnia, thyroid dysfunction, sudden injury)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**** If the person has a medical conditions- please identify NO with a note that the symptom is present and that there is information on the central file to confirm this condition.**

Person's Name:

Date:

Temp upon arrival:

3. Have they travelled outside of Canada in the last 14 days? Yes No
4. In the last 14 days, has a public health unit identified them as a close contact of someone who currently has COVID-19? Yes No
5. Has a doctor, health care provider, or public health unit told them/you that they should currently be isolating (staying at home)? Yes No

To help you make decisions:

If you answered "YES" to any of the symptoms included under question 1:

- ✓ Contact the day program to let them know about this result.
- ✓ They 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.
- ✓ Household members without symptoms may go to /day program/work. Check your local public health unit's website or call to see if they have different rules based on local risk.

If you answered "YES" to **only one of the symptoms** included under question 2:

- ✓ Contact the day program to let them know about this result.
- ✓ They should isolate (stay home) for 24 hours and not leave except for a medical emergency.
- ✓ After 24 hours if their symptom is improving, they can return to day program when they feel well enough to go. They do not need to get tested.
- ✓ Household members without symptoms may go to /day program/work. Check your local public health unit's website or call to see if they have different rules based on local risk.

If you answered "YES" to **two or more of the symptoms** included under question 2:

- ✓ Contact the day program to let them know about this result.
- ✓ They 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.
- ✓ Household members without symptoms may go to day program. Check your local public health unit's website or call to see if they have different rules based on local risk.

If you answered "YES" to question 3, 4 or 5:

- ✓ Contact the /day program to let them know about this result.
- ✓ They should isolate (stay home) for 14 days 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.

If you answered "NO" to all questions, your child may go to day program.

Staff Signature: _____

Please follow recommendations that staff have circled/highlighted, as per Public Health.

Please provide family with **Back to Program Form** and **Virtual Programming**