

IMPORTANT – PLEASE KEEP THIS LETTER AND RETURN A SIGNED COPY TO THE SCHOOL WITH YOUR CHILD ON MONDAY, APRIL 19, 2021

Mandatory COVID-19 Self-Screening

Please complete the following screening tool for each one of your children on the morning of Monday, April 19, 2021 prior to sending them to school.

Is your child experiencing any of these symptoms?

- Fever and/or chills. Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher
- 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)
- Shortness of breath. Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions they already have)
- Sore throat or difficulty swallowing. Painful swallowing (not related to seasonal allergies, acid reflux, or other known causes or conditions they already have)
- Runny or stuffy/congested nose. Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions they already have.
- Headache. Unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions they already have.
- Nausea, vomiting and/or diarrhea. Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions.
- 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.
- None of the above

Does anyone in your household have one or more of the above symptoms? **Yes**____ **No**____

Has anyone in your household travelled outside of Canada in the past 14 days? **Yes**____
No____

Has anyone in your household been notified as a close contact of someone with Covid-19 or been told to stay home and self-isolate? **Yes**____ **No**____

Student's Name: _____ Grade: _____

Teacher's name _____

Parent/Guardian's signature

Date