**Ontario Ministry of Health**

**Daily COVID-19 school and child care screening**

Please review the following **eight (8)** questions and symptoms with your child before sending your child to school.

1. Is your child currently experiencing any of these symptoms?
   * Fever and/or chills – Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher and/or chills
   * Coughing 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)
   * Decrease or loss of taste or smell – Not related to seasonal allergies, neurological disorders, 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 they already have
2. Did your child receive their final (or second in a two-dose series) COVID-19 vaccination dose more than 14 days ago, or have they tested positive for COVID-19 in the last 90 days and have been cleared? (**If you answer “Yes” skip questions 3, 4, 5**)
3. Is someone that your child lives with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?

**Note**: If the individual experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is experiencing mild fatigue, muscle aches, and/or joint pain that only began after vaccination, answer “No”.

1. In the last 10 days, has your child been identified as a “close contact” of someone who currently has COVID-19?
2. In the last 10 days, has your child received a COVID Alert exposure notification on their cell phone?
3. In the last 14 days, has your child travelled outside of Canada AND:
   * been advised to quarantine as per the federal quarantine requirements

AND/OR

* + is your child under the age of 12 and not fully vaccinated?

1. Has a doctor, health care provider, or public health unit told you that your child should currently be isolating (staying at home)?
2. In the last 10 days, has your child tested positive on a rapid antigen test or a home-based self-testing kit?

If you answered “YES” to question 1 and/or question 3-8 **DO NOT** send your child to school/child care.

**Parent/Guardian Sign Off**Please complete the screening questions and initial under each date that your child passes the screening.

**SEPTEMBER 2021**

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| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  | **7** | **8** | **9** | **10** |
| **13** | **14** | **15** | **16** | **17** |
| **20** | **21** | **22** | **23** | **24** |
| **27** | **28** | **29** | **30** |  |