

# Appendix

## Screening Questionnaire

**PARENTS/GUARDIANS/STUDENTS MUST USE THIS QUESTIONNAIRE DAILY TO DECIDE IF THE STUDENT SHOULD ATTEND SCHOOL**

### Risk Assessment: Initial Screening Questions

		CIRCLE ONE	
1.	Do you, or your child attending the program, have any of the below symptoms:	YES	NO
	• 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/ Joint aches	YES	NO
	• Headache	YES	NO
	• Conjunctivitis (Pink Eye)	YES	NO
2.	Have you, or anyone in your household, returned from travel outside of Canada in the last 14 days?	YES	NO
3.	Have you or your children attending the program had close <u>unprotected</u> * contact (face-to-face contact within 2 metres) with someone who is ill with cough and/or fever?	YES	NO
4.	Have you or anyone in your household been in close <u>unprotected</u> contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO

\* "unprotected" means close contact without appropriate personal protective equipment (PPE).

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 the above questions, you may attend school.