



Dear Parent(s)/Guardian(s),

In accordance with the Ministry of Education’s enhanced health and safety measures, all school board are required to implement daily on-site confirmation of screening prior to/upon arrival at school for at least two weeks following the winter break.

To satisfy this requirement, please sign and return this form **each day** indicated below. This confirms your child has taken and passed the self-screening questions and is eligible to be at school that day. If you have more than one child, please sign and return a form for each child.

The current self-screening tool can be found on the Ministry of Education’s website: [COVID-19 School and Childcare Self Screening](#) or on the back of this document.

Name of School: _____

Name of Student: _____

Date

Parent /Guardian Signature

Monday, January 3, 2022

Tuesday, January 4, 2022

Wednesday, January 5, 2022

Thursday, January 6, 2022

Friday, January 7, 2022

Monday, January 10, 2022

Tuesday, January 11, 2022

Wednesday, January 12, 2022

Thursday, January 13, 2022

Friday, January 14, 2022

COVID-19 Screening Tool for Students and Children in School and Childcare Settings

Students and children must screen for COVID-19 every day before going to school or childcare. Parents/guardians can fill this out on behalf of a child.

If you answer “NO” to all questions, your child may go to school.

Screening Questions	Results of Screening Questions															
<p>1. Do any of the following apply?</p> <ul style="list-style-type: none">• They are fully vaccinated against COVID-19 (it has been 14 days or more since their final dose of either a two-dose or a one-dose vaccine series)• They have tested positive for COVID-19 in the last 90 days (and has since been cleared) <input type="checkbox"/> Yes <input type="checkbox"/> No <p>2. Do any of the following apply? In the last 14 days, the student/child travelled outside of Canada and was told to quarantine or not attend schools/childcare. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For those under 12 who are not fully vaccinated: if they are exempt from federal quarantine because they travelled with a vaccinated companion, they must not go to school or childcare for 14 days. Select “YES” if this applies to the student/child.</p> <p>3. Has the doctor, health care provider, or public health unit told the student/child that they should currently be isolating (staying at home)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>This can be because of an outbreak or contact tracing.</p> <p>4. In the last 10 days, has the student/child been identified as a “close contact” of someone who currently has COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Public Health has advised you that you do not need to self-isolate, select “No”</p> <p>5. In the last 10 days, has the student/child received a COVID Alert exposure notification on their cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If they already went for a PCR test and got a negative result, select “No”</p> <p>6. Is the student/child currently experiencing any of these symptoms?</p> <table border="0"><tr><td>Fever and/or chills</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr><tr><td>Cough or barking cough (croup)</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr><tr><td>Shortness of breath</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr><tr><td>Decrease or loss of taste and smell</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr><tr><td>Nausea, vomiting and/or diarrhea</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr></table> <p>7. Is someone the student/child is living with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the person got a COVID-19 and/or flu vaccine in the last 48 hours and is experiencing mild fatigue, muscle aches, and/or joint pain that only began after vaccination, select “No.”</p> <p>8. In the last 10 days, has the student/child, or anyone they live with, tested positive on a rapid antigen test or home-based self-testing kit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the student/child or the person they live with have since tested negative on a lab-based PCR test, select “No”</p>	Fever and/or chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cough or barking cough (croup)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Decrease or loss of taste and smell	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Nausea, vomiting and/or diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>If you answered “YES” to question 1, do not go to school. The student/child must follow federal guidelines for individuals who have travelled internationally, including not going to school for 14 days after their arrival and getting tested as per federal requirements. For more information on federal requirements for travelers, please see the Government of Canada’s website</p> <p>If you answered “YES” to question 3, do not go to school. The student/child must isolate and cannot return until cleared by Public Health. If the student/child develops symptoms, contact your doctor or Public Health. Household members must stay home until the student/child tests negative or is cleared by Public Health. Household members who are fully vaccinated or previously positive for COVID-19 in the last 90 days and have since been cleared are not required to isolate</p> <p>If you answered “YES” to question 4, do not go to school. The student/child must isolate for 10 days and test negative and be symptom free before they can return. If they develop symptoms or test positive, contact your doctor or Public Health. Household members can go to school or work but must otherwise stay home. Household members who are fully vaccinated or previously positive for COVID-19 in the last 90 days and have since been cleared are not required to isolate.</p> <p>If you answered “YES” to question 5, do not go to school. The student/child must isolate and get a COVID-19 test. If they test negative, they can return to school. If they test positive, they need to continue isolating and cannot return until cleared by Public Health. If they develop symptoms, contact your doctor or Public Health. Household members can go to school or work but cannot otherwise leave the home until the individual who received the COVID alert tests negative or is cleared by Public Health. Household members who are fully vaccinated or previously positive for COVID-19 in the last 90 days and have since been cleared are not required to isolate.</p> <p>If you answered “YES” to any of the symptoms in question 6, do not go to school. The student/child must isolate (stay home). Household members must stay at home until the student/child showing symptoms tests negative or is cleared by Public Health. Household members who are fully vaccinated or previously positive for COVID-19 in the last 90 days and have since been cleared are not required to stay home</p> <p>If you answered “YES” to question 7, do not go to school. The student/child must isolate (stay home) and can return to school once the individual with symptoms tests negative or is cleared by Public Health.</p> <p>If you answered “YES” to question 8, do not go to school. The student/child must isolate and get a COVID-19 test. If they test negative, they can return to school. If they test positive, they need to continue isolating until cleared by Public Health. Household members must isolate until the individual who tested positive on the rapid antigen test tests negative on a PCR test or is cleared by Public Health. Household members who are fully vaccinated or previously positive for COVID-19 in the last 90 days and have since been cleared are not required to isolate.</p>
Fever and/or chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No														
Cough or barking cough (croup)	<input type="checkbox"/> Yes	<input type="checkbox"/> No														
Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No														
Decrease or loss of taste and smell	<input type="checkbox"/> Yes	<input type="checkbox"/> No														
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