

# STOP

# Covid-19 Screening FOR CHILDREN

If you answer **YES** to **ANY** of the following questions, do not send your child to school.

Is your child experiencing any of the following **NEW OR WORSENING SYMPTOMS** associated with COVID-19?

1. If you answered "YES" to any of the symptoms, your child should stay home to isolate immediately and obtain a COVID 19 test.



Fever of 37.8°C/100°F (temperature)

YES  NO



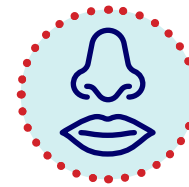
New or worsening Cough

YES  NO



Shortness of breath, Difficulty breathing

YES  NO



Loss of sense of taste or smell

YES  NO

2. If the symptom persists or worsens, obtain a COVID 19 test. If you answered "YES" to two or more of the symptoms, your child should stay home to isolate immediately and get a COVID 19 test.



Sore throat, Difficulty swallowing

YES  NO



Runny nose or nasal congestion

YES  NO



Nausea, vomiting diarrhea

YES  NO



Unexplained fatigue/ malaise/chills

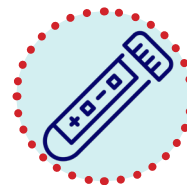
YES  NO



Headache

YES  NO

If you answered "YES" to any of the following questions, your child should stay home to isolate immediately and follow the advice of public health. If your child develops symptoms, you child should be tested for COVID 19.



4. Has your child been identified as a close contact of someone who tested positive for COVID-19 as identified by public health?

YES  NO



3. Has your child travelled outside Canada in the last 14 days?

YES  NO

5. Has your child been directed to isolate by a health care provider, including public health officials?

YES  NO