

# Appendix F: Screening Questionnaire



Parent/Guardian/Students must use this questionnaire to decide if their student should attend school.

## Screening Questions

1.	Do you or your child that is attending the school have any of the following symptoms?	Circle One	
		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 or taste or smell	YES	NO
	Muscle/joint aches	YES	NO
	Headache	YES	NO
	Conjunctivitis (Pink Eye)	YES	NO
2.	Has the person attending the activity/facility travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you/your child had close unprotected* contact (face-to-face contact within 2 meters/6 feet) with someone who has travelled outside of Canada in the last 14 days <b>and who is ill**?</b>	YES	NO
4.	Have you/your child attending the program or activity had close unprotected* contact (face-to-face contact within 2 meters/6 feet) in the last 14 days with someone who is ill**?		
5.	Have you/your child or anyone in your household been in close unprotected* 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)

\*\* *“ill means someone with COVID-19 symptoms on the list above”*

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.