



# STUDENT SCREENING QUESTIONNAIRE

Parents/guardians/students must use this questionnaire to decide if the student should attend school.

## Risk Assessment: Initial Screening Questions:

1.	Does your child have any of the following symptoms?		
	• body/muscle/joint aches	YES	NO
	• cough (new or worsening)	YES	NO
	• feeling unwell/unusual fatigue	YES	NO
	• fever/chills	YES	NO
	• Headache	YES	NO
	• Loss of sense of taste or smell	YES	NO
	• Runny nose/nasal congestion/sneezing	YES	NO
	• Shortness of breath/difficulty breathing	YES	NO
	• Sore throat	YES	NO
2.	Has your child been required to self-isolate as per CPHO guidelines?	YES	NO
3.	Has your child or anyone in your household had close unprotected* contact (face-to-face contact within 2 metres) in the last 14 days with someone who has tested positive for 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** send your child to school at this time, unless your child’s symptoms fall under the exception noted below in grey. Consult your health care provider or call 811 to determine when you can return to school and whether you need to be tested for COVID-19

If you have answered “No” to all the above questions, you may send your child to school.

**Exception:** *If your child has on-going, existing conditions and symptoms that would not be new or unusual for that individual (example, chronic allergies), this alone will not require someone to stay home from school. However, if the existing symptoms become more extreme than usual or are accompanied by the onset of new symptoms, it would be important to consult with a health care provider to determine if staying home or getting a COVID test is recommended.*