



Playshare Pre-School Screening Questionnaire for COVID-19

Child's Name: _____

Drop off time: _____

For Parents/legal guardian:

I, _____ (parent/legal guardian/caregiver) am completing the screening questionnaire for the child mentioned above.

1. Do you have, other members of your household, or your child attending Playshare Pre-School, have any of the below symptoms:

| Symptom | Circle One | |
|---|------------|----|
| • Fever >38°C/100°F | YES | NO |
| • Cough | YES | NO |
| • Sore Throat | YES | NO |
| • Runny Nose | YES | NO |
| • Shortness of breath/ difficulty breathing | YES | NO |
| • Other symptoms, muscle aches, fatigue, headache, loss of smell, diarrhea (may be present in addition to respiratory symptoms) | YES | NO |
| • Have you given your child any cold or fever medicine today? | YES | NO |

2. In the last 14 days have you, other members of your household, or your child attending Playshare Pre-School been in contact with someone that is confirmed COVID-19? YES NO

3. Have you, other members of your household, or your child attending Playshare Pre-School travelled outside of Canada in the last 14 days? YES NO

Note: By signing below, I agree that each statement above is true and Playshare Pre-School Society is not liable for the unintentional exposure of COVID-19.

Parent/Legal Guardian/Caregiver Signature: _____ Date: _____

Emergency contact: Name _____ Phone# _____

| | | |
|---------------------------------|----------------|---------------|
| For Staff Use Only | | |
| Child's Temperature at Drop off | Staff Initials | Special Notes |
| | | |