

COVID-19 Screening tool for employees and essential visitors in schools and child care settings

Version 3: October 5, 2020

Date (mm-dd-yyyy) _____

Screening Questions (place an "X" in the appropriate column)






1. **Are you currently experiencing any of these symptoms?** Choose any/all that are new, worsening, and not related to other known causes or medical conditions.

Fever and/or chills Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough or barking cough (croup) Continuous, more than usual, making a whistling noise when breathing, not related to other known causes or conditions (for example, asthma, post-infectious reactive airways)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath Out of breath, unable to breathe deeply, not related to other known causes or conditions (for example, asthma)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat Not related to other known causes or conditions (for example, seasonal allergies, acid reflux)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Difficulty swallowing Painful swallowing, not related to other known causes or conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Runny or stuffy/congested nose Not related to other known causes or conditions (for example, seasonal allergies, being outside in cold weather)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pink eye Conjunctivitis, not related to other known causes or conditions (for example, reoccurring styes)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache that's unusual or long lasting Not related to other known causes or conditions (for example, tension-type headaches, chronic migraines)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Digestive issues like nausea/vomiting, diarrhea, stomach pain Not related to other known causes or conditions (for example, irritable bowel syndrome, menstrual cramps)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscle aches that are unusual or long lasting Not related to other known causes or conditions (for example, a sudden injury, fibromyalgia)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extreme tiredness that is unusual Fatigue, lack of energy, not related to other known causes or conditions (for example, depression, insomnia, thyroid dysfunction)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Falling down often For older people	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Have you travelled outside of Canada in the last 14 days?
 Yes No
3. In the last 14 days, has a public health unit identified you as a close contact of someone who currently has COVID-19?
 Yes No
4. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?
 Yes No
5. In the last 14 days, have you received a COVID Alert exposure notification on your cell phone?
 Yes No

If you already went for a test and got a negative result, select "No."

Results of Screening Questions

-  If you answered "YES" to any of the symptoms included under question 1:
- Contact the school/child care to let them know about this result.
 - You should isolate (stay home) and not leave except to get tested or for a medical emergency.
 - Talk with a doctor/health care provider to get advice or an assessment, including if you need a COVID-19 test.
 - Household members without symptoms may go to school/child care/work. Check your local public health unit's website or call to see if they have different rules based on local risk.
-  If you answered "YES" to question 2 or 4:
- Contact the school/child care to let them know about this result.
 - You should isolate (stay home) for 14 days and not leave except to get tested or for a medical emergency.
 - Follow the advice of public health. You can return to school/child care only after you are cleared by your local public health unit.
 - Household members without symptoms may go to school/child care/work. Check your local public health unit's website or call to see if they have different rules based on local risk.
-  If you answered "YES" to question 3:
- Contact the school/child care to let them know about this result.
 - You should isolate (stay home) for 14 days and not leave except to get tested or for a medical emergency.
 - Talk with a doctor/health care provider to get advice or an assessment, including if you need a COVID-19 test. You can return to school/child care only when you are cleared by your local public health unit, regardless of test result.
-  If you answered "YES" to question 5:
- Contact the school/child care to let them know about this result.
 - You should isolate (stay home) for 14 days and not leave except to get tested or for a medical emergency.
 - Visit an assessment centre to get a COVID-19 test. Talk with a doctor/health care provider for more advice.
-  If you answered "NO" to all questions, you may go to school/child care.

Public Health Ontario - Contact Tracing

Answering these questions is optional. This information will only be used by Public Health officials for contact tracing. All information will be deleted in 28 days.

Date: _____

Name: _____

Phone or Email: _____