On arrival for pickup at the afterschool program a staff will ask you to attest that you answer no to the questions listed in the following Covid19 Checklist.

Please note:

\*This self-assessment tool has been developed to help determine whether you may need further assessment or testing for COVID-19. You can complete this assessment for yourself, or on behalf of someone else, if they are unable to.

\*If you have questions about COVID-19, please visit the [Government of Newfoundland and Labrador COVID-19 page](http://gov.nl.ca/covid-19).

\*If you have returned from travel outside the Atlantic Provinces in the past 14 days, you need to self-isolate.

\*To protect yourself while out in public, wash your hands frequently, and maintain a distance of about 2 metres from others.

\*If you are a health care worker, follow the advice of your employer.

\*Note that this self-assessment tool is intended for assessment of COVID-19 only. Your symptoms may not be related to COVID-19 and could require you to seek medical attention.

**\*If you are uncertain and/or feel very sick, contact your family doctor/nurse practitioner or call 8-1-1**.

**\*\*In a medical emergency, always call 9-1-1 or visit the nearest emergency department.\*\***

**Covid19 Checklist**

1. Are you experiencing any of the following:
* Severe difficulty breathing (e.g. struggling to breathe or speaking in single words)
* Severe chest pain
* Having a very hard time waking up
* Feeling confused
* Losing consciousness
1. Are you experiencing any of the following:
* Mild to moderate shortness of breath
* Inability to lie down because of difficulty breathing
* Chronic health conditions that you are having difficulty managing because of difficulty breathing
1. Are you experiencing **2 or more of the following symptoms (new or worsening)?**
	* Fever (or signs of a fever such as chills, sweats, muscle aches and light-headedness)
	* Cough
	* Headache
	* Sore throat
	* Painful swallowing
	* Runny nose
	* Unexplained loss of appetite
	* Diarrhea.
	* Loss of sense of smell or taste **Or**
	* Are you experiencing small red or purple spots on your hands and/or feet?
2. Are you a resident of an Atlantic province (New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland and Labrador) and traveled outside of these areas within the last 14 days Or
3. Are you a resident of a community along the Labrador-Quebec border (Labrador City, Wabush, Fermont, the Labrador Straits area and Blanc Sablon) and traveled outside of these areas in the last 14 days?
4. In the last 14 days, did you have **close contact** with a person who has been confirmed as having COVID-19?