SCREENING QUESTIONNAIRE – UPDATE JUNE 18, 2020

Dear parent or guardian, we ask that you assess yourself or your child based on the following questions.

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| 1. | Do you, or your child attending today have any of the following symptoms | CHECK ONE  Yes No | |
|  | * Fever |  |  |
|  | * Cough |  |  |
|  | * Shortness of breath or difficulty breathing |  |  |
|  | * Sore Throat |  |  |
|  | * Runny nose or congestion |  |  |
|  | * Feeling unwell |  |  |
|  | * Nausea, vomiting, or diarrhea |  |  |
|  | * Muscle Aches |  |  |
|  | * Headache |  |  |
|  | * New loss of sense of taste or smell |  |  |
|  | * Conjunctivitis |  |  |
| 2. | Have you, or anyone in your household in the past 14 days travelled to a community in Saskatchewan with a COVID – 19 outbreak?  IF YES, PLEASE ANSWER QUESTION #4 |  |  |
| 3. | Have you or anyone in your household been in direct unprotected contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID – 19? |  |  |
| 4. | Have you, or anyone in your household travelled internationally and/or been instructed to self-isolate for any other reason? |  |  |

If you answered “yes” to any of the above questions, please DO NOT attend the class at this time. Centre 48 will refund your class fee if this is a single day class. If you are registered in multiple day class you will not be refunded and no make up class will be issued.

If you have recently developed any of these symptoms, please call 811 or visit: <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-proceduresand-guidelines/emerging-public-health-issues/2019-novel-coronavirus/covid-19-self-assessment> to do a self-assessment to see if you require testing.

Be sure to practice good hand hygiene (use hand sanitizer or wash hands with soap and water for at least 20 seconds before entering and leaving the facility. Our goal is to minimize the risk of illness to you, your children and family and our staff. We thank you for your cooperation and understanding.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_