

# COVID-19 SCHOOL SCREENING

## SHOULD MY CHILD GO TO SCHOOL?

You must screen for COVID-19 every day before going to school.  
You can fill this out on behalf of your child.

- Has your child travelled outside of Canada in the last 14 days?
- In the last 14 days, have they tested positive for COVID-19?
- In the last 14 days, have they been in close physical contact with someone who currently has COVID-19?

This includes getting a COVID Alert exposure notification.

Close physical contact means: being less than 2 metres away in the same room, workspace, or area; living in the same home; being in the same classroom.

- Has a doctor, health care provider, or public health unit told them that they should currently be isolating (staying at home)?

**YES TO ONE OR MORE OF THESE QUESTIONS**

**NO TO ALL QUESTIONS**

### IS YOUR CHILD EXPERIENCING ANY ONE OR MORE OF THESE SYMPTOMS?

- **Fever** - Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher
- **Chills**
- **Cough that's new or worsening** - Continuous, more than usual, not related to other known causes or conditions (for example, COPD)
- **Barking cough, making a whistling noise when breathing** - Croup, not related to other known causes or conditions
- **Shortness of breath** - Out of breath, unable to breathe deeply, not related to other known causes or conditions (for example, asthma)
- **Sore throat** - Not related to other known causes or conditions (for example, seasonal allergies, acid reflux)
- **Difficulty swallowing** - Painful swallowing, not related to other known causes or conditions
- **Runny nose** - Not related to other known causes or conditions (for example, seasonal allergies, being outside in cold weather)
- **Stuffy or congested nose** - Not related to other known causes or conditions (for example, seasonal allergies)
- **Decrease or loss of taste or smell** - Not related to other known causes or conditions (for example, allergies, neurological disorders)
- **Pink eye** - Conjunctivitis, not related to other known causes or conditions (for example, reoccurring styes)
- **Headache that's unusual or long lasting** - Not related to other known causes or conditions (for example, tension-type headaches, chronic migraines)
- **Digestive issues like nausea/vomiting, diarrhea, stomach pain** - Not related to other known causes or conditions (for example, irritable bowel syndrome, anxiety in children, menstrual cramps)
- **Muscle aches that are unusual or long lasting** - Not related to other known causes or conditions (for example, a sudden injury, fibromyalgia)
- **Extreme tiredness that is unusual** - Fatigue, lack of energy, not related to other known causes or conditions (for example, depression, insomnia, thyroid dysfunction)

**YES**

**NO**



**DO NOT GO TO SCHOOL**

#### NEXT STEPS

1. Contact the school to let them know about this result.
2. They should isolate (stay home) and not leave except to get tested or for a medical emergency.
3. Talk with a doctor/health care provider or visit an assessment centre to get a COVID-19 test.
4. For further guidance, see **My Child Did Not Pass the COVID-19 School Screening. What Should I Do Next?**



**GO TO SCHOOL**

**They can go to school because they seem to be healthy and have not been exposed to COVID-19.**