STOP COVID-19 Screening for children/students

Please complete before entering the child care/JK-12 school setting.

Updated Sept. 1, 2021

Name: _____ Date: _____ Time: _____

1. Does the child/student have any of the following new or worsening symptoms?**

Fever > 37.8°C and/or chills

Yes ☐ No ☐

Cough

Yes ☐ No ☐

Difficulty breathing

Yes ☐ No ☐

Decrease or loss of taste/smell

Yes ☐ No ☐

Nausea, vomiting or diarrhea

Yes ☐ No ☐

- If the child/student has a health condition diagnosed by a health care provider that gives them the symptom, select "**No**". If the symptom is new, different or getting worse, select "**Yes**".

If "YES" to any symptom: Stay home & self-isolate + Get tested **Or** Contact a health care provider

2. Does anyone in your household have one or more symptoms of COVID-19 and/or are waiting for test results after having symptoms? Yes ☐ No ☐

- If the child/student is fully vaccinated* or has tested positive for COVID-19 in the last 90 days and been cleared, select "**No**".

3. In the last 10 days, has the child/student tested positive on a rapid antigen test or a home-based self-testing kit? Yes ☐ No ☐

- If they have since tested negative on a lab-based PCR test, select "**No**".

4. Has the child/student been notified as a close contact of someone with COVID-19 or been told to stay home and self-isolate? Yes ☐ No ☐

- If the child/student is fully vaccinated* or has tested positive for COVID-19 in the last 90 days and been cleared or public health has said the child/student does not have to self-isolate, select "**No**".

5. In the last 14 days, has the child/student travelled outside of Canada AND been advised to quarantine per the federal quarantine requirements? Yes ☐ No ☐

If "YES" to questions 2,3,4 or 5: Stay home & self-isolate + Follow public health advice

* **Fully vaccinated means 14 days or more after getting a second dose of a two dose COVID-19 vaccine series or one dose of a single dose series.**

****Anyone who is sick or has any symptoms of illness should stay home and seek assessment from their health care provider if needed.**

THZ Student Health Pass

Adapted from TDSB

The most important thing families can do to help slow the spread of COVID-19, is to screen their children daily for symptoms of COVID-19 and also follow the circumstances in which they should stay home.

Review this COVID-19 checklist with your child(ren) prior to taking them to school. Sign* below each day to confirm that your child, or anyone else in the household, does not have any symptoms or have other exposure to COVID-19. We all have a role in keeping our school safe and healthy. (one form per child)

Student Name: _____

Date: _____	Signature: _____	Date: _____	Signature: _____
Date: _____	Signature: _____	Date: _____	Signature: _____
Date: _____	Signature: _____	Date: _____	Signature: _____
Date: _____	Signature: _____	Date: _____	Signature: _____
Date: _____	Signature: _____	Date: _____	Signature: _____
Date: _____	Signature: _____	Date: _____	Signature: _____
Date: _____	Signature: _____	Date: _____	Signature: _____
Date: _____	Signature: _____	Date: _____	Signature: _____
Date: _____	Signature: _____	Date: _____	Signature: _____
Date: _____	Signature: _____	Date: _____	Signature: _____

** Parent/Guardian of Kindergarten to Grade 8 students to sign. High school and adult students can sign themselves.*

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