



COVID Screener 2021/2022

Child's Full Name

Today's Date and Time (YYYY-MM-DD HH:mm)

Terms and Conditions

Terms

By signing you agree that your child does not have any of the symptoms or meet any of the criteria listed below. Should your child be exhibiting any of these symptoms or meet any of these criteria, please refer to our **COVID-19 Pandemic Protocol, dated September 6, 2021.**

Section 1.1 Symptoms:

Fever and/or chills (temperature of 37.8°C/100.0°F or greater)

Cough including croup (barking cough, making a whistling noise when breathing). Not related to other known causes or conditions (e.g., asthma, reactive airway)

Shortness of breath (dyspnea, out of breath, unable to breathe deeply, wheeze, that is worse than usual if chronically short of breath). Not related to other known causes or conditions (e.g., asthma)

Decrease or loss of smell or taste (Not related to seasonal allergies, neurological disorders, or other known causes or conditions they already have)

Nausea, vomiting and/or diarrhea. Not related to other known causes or conditions (e.g. transient vomiting due to anxiety in children, chronic vestibular dysfunction, irritable bowel syndrome, inflammatory bowel disease, side effect of medication)

Section 1.2 Symptoms

Sore throat (painful swallowing or difficulty swallowing). Not related to other known causes or conditions (e.g., post nasal drip, gastroesophageal reflux)

Headache that is new and persistent, unusual, unexplained, or long-lasting. Not related to other known causes or conditions (e.g., tension-type headaches, chronic migraines)

Fatigue, lethargy, muscle aches or malaise (general feeling of being unwell, lack of energy, extreme tiredness) that is unusual or unexplained. Not related to other known causes or conditions (e.g., depression, insomnia, thyroid dysfunction, anemia)

Stuffy nose and/or runny nose (nasal congestion and/or rhinorrhea) Not related to other known causes or conditions (e.g. seasonal allergies, returning inside from the cold, chronic sinusitis unchanged from baseline, reactive airways)

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Section 1.3

Someone that the child lives with is currently experiencing new COVID-19 symptoms and/or is waiting for test results after experiencing symptoms.

Section 1.4

The child has travelled outside of Canada in the past fourteen (14) days (please notify Director of travel exemptions).

Section 1.5

In the last ten (10) days, a public health unit has identified the child as a close contact of someone who currently has COVID-19, or a doctor, health care provider, or public health unit has told them that they should currently be isolating.

☐ I agree to the terms and conditions