COVID-19 Screening Tool for Schools/Child Care

Please complete the following questions before sending your child to school/child care

Does your child have any of the following **new or worsening** symptoms **NOT** related to other known causes/conditions or different from their baseline health?

1. **Fever/Chills**
   - Yes [ ]
   - No [ ]
   (temperature of 37.8°C/100.0°F degrees or higher)

2. **Runny and/or stuffy nose or sore throat**
   - Yes [ ]
   - No [ ]
   (not related to allergies or coming in from the cold)

3. **Cough that is Continuous, barking or more than usual**
   - Yes [ ]
   - No [ ]
   (not related to asthma)

4. **Difficulty breathing/shortness of breath; out of breath, unable to breathe deeply, wheezing**
   - Yes [ ]
   - No [ ]
   (not related to asthma)

5. **Headache that is new or persistent**
   - Yes [ ]
   - No [ ]
   (not related to tension headache or migraines)

6. **Fatigue, lethargy, muscle aches, poor feeding in infants**
   - Yes [ ]
   - No [ ]

7. **Nausea, vomiting, or diarrhea**
   - Yes [ ]
   - No [ ]
   (not related to anxiety, irritable bowel, medication side-effect)

8. **Fever/Chills**
   - Yes [ ]
   - No [ ]
   (temperature of 37.8°C/100.0°F degrees or higher)

9. **Cough that is Continuous, barking or more than usual**
   - Yes [ ]
   - No [ ]
   (not related to asthma)

10. **Difficulty breathing/shortness of breath; out of breath, unable to breathe deeply, wheezing**
    - Yes [ ]
    - No [ ]
    (not related to asthma)

11. **Headache that is new or persistent**
    - Yes [ ]
    - No [ ]
    (not related to tension headache or migraines)

12. **Runny and/or stuffy nose or sore throat**
    - Yes [ ]
    - No [ ]
    (not related to allergies or coming in from the cold)

13. **Fatigue, lethargy, muscle aches, poor feeding in infants**
    - Yes [ ]
    - No [ ]

14. **Nausea, vomiting, or diarrhea**
    - Yes [ ]
    - No [ ]
    (not related to anxiety, irritable bowel, medication side-effect)

15. **Fever/Chills**
    - Yes [ ]
    - No [ ]
    (temperature of 37.8°C/100.0°F degrees or higher)

16. **Cough that is Continuous, barking or more than usual**
    - Yes [ ]
    - No [ ]
    (not related to asthma)

17. **Difficulty breathing/shortness of breath; out of breath, unable to breathe deeply, wheezing**
    - Yes [ ]
    - No [ ]
    (not related to asthma)

18. **Headache that is new or persistent**
    - Yes [ ]
    - No [ ]
    (not related to tension headache or migraines)

19. **Runny and/or stuffy nose or sore throat**
    - Yes [ ]
    - No [ ]
    (not related to allergies or coming in from the cold)

20. **Fatigue, lethargy, muscle aches, poor feeding in infants**
    - Yes [ ]
    - No [ ]

21. **Nausea, vomiting, or diarrhea**
    - Yes [ ]
    - No [ ]
    (not related to anxiety, irritable bowel, medication side-effect)

If you said yes to ANY symptom in Section 1, your child should NOT attend school/child care today and we recommend that your child goes to a COVID-19 assessment centre or care clinic to get tested as soon as possible. Household contacts must also isolate at home until test results are received. Visit OttawaPublicHealth.ca/COVIDcentre for testing information.

If you said yes to only ONE symptom in Section 2, your child should NOT attend school/child care today and should stay home for at least 24 hours from when the symptom started. All household contacts must also self-isolate at home while monitoring your child's symptom. If the symptom is improving and your child does not have a fever during the first 24 hours, without use of fever reducing medication, OR no vomiting or diarrhea for 48hrs, your child may return to school/child care when they feel well enough.

If you said yes to **TWO or MORE** symptoms in Section 2, your child should NOT attend school/child care today and we recommend that your child goes to a COVID-19 assessment centre or care clinic to get tested as soon as possible. All household contacts must also self-isolate at home until test results are received.

Adapted with permission from Toronto Public Health

OttawaPublicHealth.ca
SantePubliqueOttawa.ca

613-580-6744
TTY/ATS : 613-580-9656

09/10/2020
In the last 14 days, has your child had close physical contact with a person who:

- Has returned from outside Canada in the last 2 weeks and has a new or worsening cough, fever or difficulty breathing?
- Is a household contact of family members and/or roommates or other contacts outside of school/child care who are showing new COVID-19 symptoms (like a cough, fever, or difficulty breathing)?
- Has tested positive for COVID-19?

In the last 14 days, has your child travelled outside of Canada?

If you answered YES to any of these questions in Section 3, your child **should NOT attend school or day care and should stay home and self-isolate.** Stay home and call Ottawa Public Health at 613-580-6744 for further guidance.

Visit OttawaPublicHealth.ca/SchoolsCovid19 for more information.
If your child is feeling unwell and you have questions, contact your health care provider or call Telehealth Ontario at 1-866-797-0000 to speak to a registered nurse.