

# STAY HOME WHEN SICK

## Daily Screening Questionnaire



**This checklist applies to all students of Edmonton Catholic Schools.**

Students should be screened every day by completing this checklist before going to school and may need a parent or guardian to assist them to complete this screening tool.

### Screening Questions for Children under 18:

1	<b>DOES THE CHILD HAVE ANY NEW ONSET (OR WORSENING) OF THE FOLLOWING CORE SYMPTOMS:</b>		
	<b>FEVER</b> - Temperature of 38 degrees Celsius or higher	YES	NO
	<b>COUGH</b> - Continuous, more than usual, not related to other known causes or conditions such as asthma	YES	NO
	<b>SHORTNESS OF BREATH</b> - Continuous, unable to breathe deeply, not related to other known causes or conditions such as asthma	YES	NO
	<b>LOSS OF SENSE OF SMELL OR TASTE</b> - Not related to other known causes or conditions like allergies or neurological disorders	YES	NO
<b>IF THE CHILD ANSWERED "YES" TO ANY SYMPTOM IN QUESTION 1:</b>			
<ul style="list-style-type: none"> <li>If the symptom <b>does not improve or worsens</b> after 24 hours (or if additional symptoms emerge), stay home and call Health Link 811 or your family doctor for further recommendations.</li> </ul>			
<b>IF THE CHILD ANSWERED "NO" TO ALL OF THE SYMPTOMS IN QUESTION 1, PROCEED TO QUESTION 2.</b>			

2	<b>DOES THE CHILD HAVE ANY NEW ONSET (OR WORSENING) OF THE FOLLOWING CORE SYMPTOMS:</b>		
	<b>CHILLS</b> - Without fever, not related to being outside in cold weather	YES	NO
	<b>SORE THROAT/PAINFUL SWALLOWING</b> - Not related to other known causes/conditions, such as seasonal allergies or reflux	YES	NO
	<b>RUNNY NOSE/CONGESTION</b> - Not related to other known causes/conditions, such as seasonal allergies or being outside in cold weather	YES	NO
	<b>FEELING UNWELL/FATIGUED</b> - Lack of energy, not related to other known causes or conditions, such as depression, insomnia, thyroid dysfunction, or sudden injury	YES	NO
	<b>NAUSEA, VOMITING, AND/OR DIARRHEA</b> - Not related to other known causes/conditions, such as anxiety, medication, or irritable bowel syndrome	YES	NO
	<b>UNEXPLAINED LOSS OF APPETITE</b> - Not related to other known causes/conditions, such as anxiety or medication	YES	NO
	<b>MUSCLE/JOINT ACHES</b> - Not related to other known causes/conditions, such as arthritis or injury	YES	NO
	<b>HEADACHE</b> - Not related to other known causes/conditions, such as tension-type headaches or chronic migraines	YES	NO
	<b>CONJUNCTIVITIS</b> (commonly known as pink eye)	YES	NO
<b>IF THE CHILD ANSWERED "YES" TO ANY ONE SYMPTOM IN QUESTION 2:</b>			
<ul style="list-style-type: none"> <li>Keep your child home and monitor for 24 hours.</li> <li>If their symptom is <b>improving</b> after 24 hours, they can return to school and activities when they feel well enough to go.</li> <li>If the symptom <b>does not improve or worsens</b> after 24 hours (or if additional symptoms emerge), stay home and call Health Link 811 or your family doctor for further recommendations.</li> </ul>			
<b>IF THE CHILD ANSWERED "YES" TO TWO OR MORE SYMPTOMS IN QUESTION 2:</b>			
<ul style="list-style-type: none"> <li>Keep your child home.</li> <li>If the symptom <b>does not improve or worsens</b> after 24 hours (or if additional symptoms emerge), stay home and call Health Link 811 or your family doctor for further recommendations.</li> <li>Your child can return to school and activities once their symptoms go away as long as it has been at least 24 hours since their symptoms started.</li> </ul>			
<b>IF THE CHILD ANSWERED "NO" TO ALL QUESTIONS:</b>			
Your child may attend school.			



Let's work together to keep our communities safe and healthy!