

COVID-19 SAFETY

SCREENING QUESTIONNAIRE

Parents/guardians/students must use this questionnaire daily to decide if the student should attend school.

Risk Assessment: Initial screening questions

1	Does the attendee have any new onset (or worsening) of any of the following symptoms:	CIRCLE ONE	
	Fever	YES	NO
	Cough	YES	NO
	Shortness of Breath / Difficulty Breathing	YES	NO
	Sore throat	YES	NO
	Chills	YES	NO
	Painful swallowing	YES	NO
	Runny Nose / Nasal Congestion	YES	NO
	Feeling unwell / Fatigued	YES	NO
	Nausea / Vomiting / Diarrhea	YES	NO
	Unexplained loss of appetite	YES	NO
	Loss of sense of taste or smell	YES	NO
	Muscle / Joint aches	YES	NO
	Headache	YES	NO
	Conjunctivitis (commonly known as pink eye)	YES	NO
2	Has the attendee travelled outside of Canada in the last 14 days?	YES	NO
3	Has the attendee had close contact* with a confirmed case of COVID-19 in the last 14 days?	YES	NO
4	Has the attendee had close contact with a symptomatic** close contact of a confirmed case of COVID-19 in the last 14 days?	YES	NO

* Face-to-face contact within 2 metres. A health care worker in a occupational setting wearing the recommended personal protective equipment is not considered to be a close contact.

** "ill" means someone with COVID-19 symptoms on the list above.

If you have answered **YES** to any of the above questions, please **DO NOT** enter the school at this time.

You should stay home and use the [AHS COVID-19 Self-Assessment Tool](#) to determine whether you need to be tested for COVID-19.

If you answered **NO** to all the above questions, you may attend school.

*the screening questionnaire is subject to change as needed.



PLEASE HELP PROTECT YOUR COMMUNITY