



# COVID-19 K – 12 STUDENT SCREENING TOOL

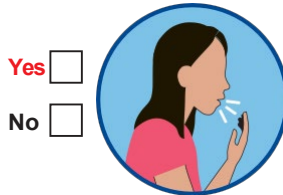
Please complete before entering the school.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

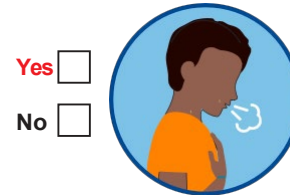
## 1. Does the student have any of the following new or worsening symptoms?\*



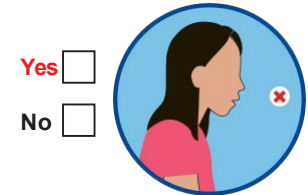
Fever > 37.8°C



Cough



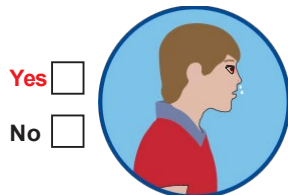
Difficulty breathing



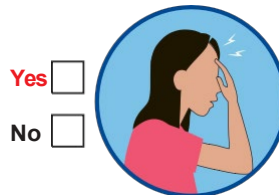
Loss of taste or smell



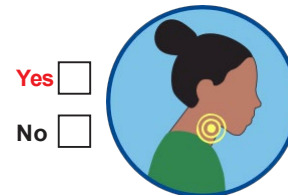
Feeling unwell, muscle aches or tired



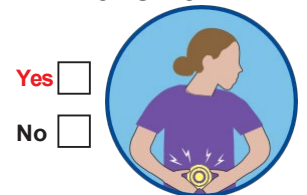
Stuffy or runny nose



Headache



Sore throat or pain swallowing



Nausea, vomiting or diarrhea

If "YES" to any symptom:



Go home & self-isolate



Get tested

Or



Contact a health care provider

2. Does anyone in your household have one or more of the above symptoms?  Yes  No

3. Has anyone in your household travelled outside of Canada in the past 14 days?  Yes  No

4. Has anyone in your household been notified as a close contact of someone with COVID-19 or been told to stay home and self-isolate?  Yes  No

If "YES" to Questions 2, 3, or 4:



Go home



Follow Porcupine Health Unit advice

\*Children who have an existing health condition identified by a health care provider that gives them the symptoms should not answer YES, unless the symptom is **new**, **different** or **getting worse**. Look for changes from your child's normal symptoms.