

# TDSB Student Health Pass

The most important thing families can do to help slow the spread of COVID-19, is to screen their children daily for any COVID-19 symptoms and keep them home from school if they are sick or have had close contact with anyone diagnosed with COVID-19.

Review this COVID-19 checklist daily with your child. Sign\* below each day to confirm that your child does not have any symptoms or have had other exposure to COVID-19. We all have a role in keeping our schools safe and healthy.

Student Name : \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*\* Parent/Guardian of Kindergarten to Grade 8 students to sign. High school and adult students can sign themselves.*





# COVID-19

Please complete before entering the school.

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

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



Fever > 37.8°C



Cough



Difficulty breathing



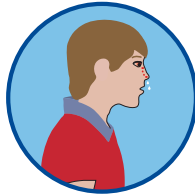
Loss of taste or smell

If "YES": Stay home, self-isolate & get tested or contact your child's health care provider.

## 2. Does your child have any of the following new or worsening symptoms?\*



Sore throat, painful swallowing



Stuffy/runny nose



Headache



Nausea, vomiting, diarrhea



Feeling unwell, muscle aches, feeling tired

### If "YES" to 1 symptom:

- Stay home for 24 hours from when symptom started.
- If improving in 24 hours, can return to school. No test needed.
- If not improving, or getting worse, self-isolate & get tested.

### If "YES" to 2 or more symptoms:

- Stay home, self-isolate & get tested or contact your child's health care provider.

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

4. Has your child been identified as a close contact of someone with COVID-19?  Yes  No

5. Has your child been instructed to stay home and self-isolate?  Yes  No

### If you answered "YES" to questions 3, 4 or 5:

- Your child must stay home, self-isolate & follow the advice of public health.

\*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.