



COVID-19 Screening for children/students

Please complete before entering the child care/JK-12 school setting.

Updated October 5, 2021

Name: _____ Date: _____ Time: _____

1. Does the child/student have any of the following new or worsening symptoms?



Fever > 37.8°C and/or chills

Yes No



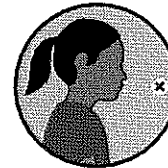
Cough

Yes No



Difficulty breathing

Yes No



Decrease or loss of taste/smell

Yes No



Nausea, vomiting or diarrhea

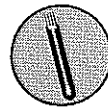
Yes No

- If the child/student has a health condition diagnosed by a health care provider that gives them the symptom, select "No". If the symptom is new, different or getting worse, select "Yes".
- Anyone who is sick or has any symptoms of illness, including those not listed above, should stay home and seek assessment from their health care provider if needed.

If "YES" to any symptom:



Stay home & self-isolate



Get tested with a PCR test

Or



Contact a health care provider

2. Does anyone in your household have one or more COVID-19 symptoms and/or are waiting for test results after experiencing symptoms?

Yes

No

- If the child/student is fully vaccinated* or has tested positive for COVID-19 in the last 90 days and been cleared, select "No".

3. In the last 10 days, has the child/student tested positive on a rapid antigen test or a home-based self-testing kit?

Yes

No

- If they have since tested negative on a lab-based PCR test, select "No".

4. Has the child/student been notified as a close contact of someone with COVID-19 or been told to stay home and self-isolate?

Yes

No

- If the child/student is fully vaccinated* or has tested positive for COVID-19 in the last 90 days and been cleared or public health has said the child/student does not have to self-isolate, select "No".

5. In the last 14 days has the child/student travelled outside of Canada AND been advised to quarantine per the federal quarantine requirements OR was told not to attend school/child care?

Yes

No

If "YES" to questions 2,3,4 or 5:



Stay home & self-isolate



Follow public health advice



* Fully vaccinated means 14 days or more after getting a second dose of a two dose COVID-19 series or as defined by the Ontario Ministry of Health



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 symptoms of COVID-19 and also follow the circumstances in which they should stay home.

Review this COVID-19 checklist daily with your child. Sign* below each day to confirm that your child, or anyone else in the household, does not have any symptoms or have 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: _____

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

