

# 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: _____	Date: _____	Signature: _____
Date: _____	Signature: _____	Date: _____	Signature: _____
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 Screening for children/students

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

Updated Sept. 1, 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".

**If "YES" to any symptom:**



Stay home & self-isolate



Get tested

**Or**



Contact a health care provider

## 2. Does anyone in your household have one or more symptoms of COVID-19 and/or are waiting for test results after having 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](#)?

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 vaccine series or one dose of a single dose series.

\*\*Anyone who is sick or has any symptoms of illness should stay home and seek assessment from their health care provider if needed.

