

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: _____

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Date: _____ Signature: _____

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





COVID-19 K – 12 STUDENT SCREENING TOOL

Please complete before entering the school.

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



Fever > 37.8°C



Cough



Difficulty breathing



Loss of taste



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:



Stay home
& self-isolate



Get
tested

Or



Contact a health
care provider

2. Is there a child or sibling in your household who has one or more of the above symptoms? ☐ Yes ☐ No

3. Has the student travelled outside of Canada in the past 14 days? ☐ Yes ☐ No

4. Has the student been notified as a close contact of someone with COVID-19? ☐ Yes ☐ No

5. Has the student been told to stay home and self-isolate? ☐ Yes ☐ No

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



Stay home
& self-isolate



Follow public
health 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.

Updated December 2020