

COVID-19 Screening Log

1	Do you, or your child attending the program, have any of the below symptoms:	Circle One	
	Fever	Yes	No
	Cough	Yes	No
	Shortness of Breath/ Difficulty Breathing	Yes	No
	Sore Throat	Yes	No
	Chills	Yes	No
	Painful swallowing	Yes	No
	Runny nose/ Nasal congestion	Yes	No
	Feeling unwell/ fatigue	Yes	No
	Nausea/ Vomiting/ Diarrhea	Yes	No
	Unexplained loss of appetite	Yes	No
	Loss of sense of taste or smell	Yes	No
	Muscle/ joint aches	Yes	No
	Headache	Yes	No
	Conjunctivitis	Yes	No
2	Have you, or anyone in your household, travelled outside of Canada in the last 14 days?	Yes	No
3	Have you or your children attending the program had close unprotected* contact (face-to-face contact within 2 metres/6 feet) in the last 14 days with someone who is ill with cough and/or fever?	Yes	No
4	Have you or anyone in your household been in close unprotected contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	Yes	No

If you have answered “Yes” to any of the above questions, please DO NOT enter at this time.

If you have answered “No” to all the above questions, please sign in and out and practice hand hygiene before and after your visit.

Our goal is to minimize the risk of infection to our staff and children, thank you for your understanding and cooperation.

Name: _____

Date: _____