COVID-19 Active Screening Tool for Childen

Facility Name: ____ **Form to be completed <u>daily</u> for <u>each child</u>** **Week of:**___________________________________

Date	Name (LAST NAME, first name)	Room (Pre-K, Pre, Kin)	Close unprotected contact with a confirmed or probable case of COVID-19 within the past 14 days?	Travel Outside of Canada?	New or worsened cough?	Fever over 38°C?	Shortness of Breath?	**Any of the following symptoms:** Difficulty breathing, Sore throat, Difficulty swallowing, Decrease or loss of sense of taste or smell, Chills, Headaches, Unexplained fatigue/malaise/muscle aches, Nausea/vomiting, diarrhea, abdominal pain, Pink eye, Runny nose/nasal congestion without other known cause	Onset date of first symptom (yy/mm/dd)	Has the child been given a fever suppressant?	Comments and signature of screener
			❑Yes ❑ No	❑Yes ❑ No Where:	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No		❑Yes ❑ No	
			❑Yes ❑ No	❑Yes ❑ No Where:	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No		❑Yes ❑ No	
			❑Yes ❑ No	❑Yes ❑ No Where:	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No		❑Yes ❑ No	
			❑Yes ❑ No	❑Yes ❑ No Where:	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No		❑Yes ❑ No	
			❑Yes ❑ No	❑Yes ❑ No Where:	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No		❑Yes ❑ No	
			❑Yes ❑ No	❑Yes ❑ No Where:	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No		❑Yes ❑ No	
			❑Yes ❑ No	❑Yes ❑ No Where:	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No		❑Yes ❑ No	
			❑Yes ❑ No	❑Yes ❑ No Where:	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No		❑Yes ❑ No	
			❑Yes ❑ No	❑Yes ❑ No Where:	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No		❑Yes ❑ No	
			❑Yes ❑ No	❑Yes ❑ No Where:	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No		❑Yes ❑ No	
			❑Yes ❑ No	❑Yes ❑ No Where:	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No		❑Yes ❑ No	
			❑Yes ❑ No	❑Yes ❑ No Where:	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No		❑Yes ❑ No	
			❑Yes ❑ No	❑Yes ❑ No Where:	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No		❑Yes ❑ No	
			❑Yes ❑ No	❑Yes ❑ No Where:	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No		❑Yes ❑ No	
			❑Yes ❑ No	❑Yes ❑ No Where:	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No		❑Yes ❑ No	
			❑Yes ❑ No	❑Yes ❑ No Where:	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No		❑Yes ❑ No	
			❑Yes ❑ No	❑Yes ❑ No Where:	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No		❑Yes ❑ No	
			❑Yes ❑ No	❑Yes ❑ No Where:	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No		❑Yes ❑ No	
			❑Yes ❑ No	❑Yes ❑ No Where:	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No	❑Yes ❑ No		❑Yes ❑ No	

***If answer is yes or refusal to any of the questions, please ask parent(s) and their child(ren) to leave the child care centre and follow steps on the Screening Tip Sheet.**