

Facility Name: _____

Week of: _____

Date	Child Dropping off	Close unprotected contact with a confirmed or probable case of COVID-19 within the past 14 days?	Travel Outside of Canada?	Close contact with a person with respiratory illness who has been outside of Canada 14 days prior to onset of symptoms?	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)	Comments and signature of screener
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*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.