

COVID-19 Screening Questionnaire

Parents/Guardian/Students must use this questionnaire daily to decide if a student should attend school.

Risk Assessment: Initial Screening Questions

1) Do you, or your child attending the program, have any of the below symptoms:	Choose 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/Fatigued	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 (Pink Eye)	YES	NO
2) Has the person attending the activity/facility travelled outside of Canada in the last 14 days?	YES	NO
3) Have you/your child had close <u>unprotected*</u> contact with someone who has travelled outside of Canada in the last 14 days and who is ill**?	YES	NO
4) Have you/your child or anyone in your household been in close <u>unprotected*</u> contact in the last 14 days with someone who has tested positive for COVID-19?	YES	NO

* "unprotected" means close (within 2 metres/6 feet), face-to-face contact without appropriate personal protective equipment (PPE).

** "ill" means someone with COVID-19 symptoms as outlined above.

If you answered "Yes" to any of the above questions, **please DO NOT enter the school at this time**. You should stay home and use the [COVID-19 Self-Assessment Tool](#) provided by Alberta Health Services to determine whether you need to be tested for COVID-19.

If you answered "No" to all the above questions, you may attend school.