



# COVID-19 Screening Tool for Schools/Child Care

Please complete the following questions before sending your child to school/child care

Does your child have any of the following **new or worsening** symptoms NOT related to other known causes/conditions or different from their baseline health?

1



Yes ☐  
No ☐

**Fever/Chills**  
(temperature of 37.8°C/  
100.0°F degrees or higher)



Yes ☐  
No ☐

**Cough that is Continuous,**  
**barking or more than**  
**usual (not related to asthma)**



Yes ☐  
No ☐

**Difficulty breathing/ shortness**  
**of breath; out of breath, unable**  
**to breathe deeply, wheezing**  
**(not related to asthma)**



Yes ☐  
No ☐

**Loss of taste or**  
**Smell (not related to**  
**allergies, nasal polyps)**

If you said yes to **ANY** symptom in Section 1, your child should **NOT** attend school/child care today and we recommend that your child goes to a COVID-19 assessment centre or care clinic to get tested as soon as possible. Household contacts must also isolate at home until test results are received.

Visit [OttawaPublicHealth.ca/COVIDcentre](https://OttawaPublicHealth.ca/COVIDcentre) for testing information.

2



Yes ☐  
No ☐

**Runny and/or stuffy nose**  
**or sore throat (not related**  
**to allergies or coming in**  
**from the cold)**



Yes ☐  
No ☐

**Fatigue, lethargy,**  
**muscle aches,**  
**poor feeding in infants**



Yes ☐  
No ☐

**Headache that is new**  
**or persistent (not related**  
**to tension headache or**  
**migraines)**



Yes ☐  
No ☐

**Nausea, vomiting, or**  
**diarrhea, (not related to**  
**anxiety, irritable bowel,**  
**medication side-effect)**

If you said yes to only **ONE** symptom in Section 2, your child should **NOT** attend school/child care today and should stay home for at least 24 hours from when the symptom started. All household contacts must also self-isolate at home while monitoring your child's symptom. If the symptom is improving and your child does not have a fever during the first 24 hours, without use of fever reducing medication, OR no vomiting or diarrhea for 48hrs, your child may return to school/child care when they feel well enough.

If you said yes to **TWO or MORE** symptoms in Question 2, your child should **NOT** attend school/child care today and we recommend that your child goes to a COVID-19 assessment centre or care clinic to get tested as soon as possible. All household contacts must also self-isolate at home until test results are received.

3



Yes ☐

No ☐

**In the last 14 days**, has your child had close physical contact with a person who:

- Has returned from outside Canada in the last 2 weeks and has a new or worsening cough, fever or difficulty breathing?
- Is a household contact of family members and/or roommates or other contacts outside of school/child care who are showing new COVID-19 symptoms (like a cough, fever, or difficulty breathing)?
- Has tested positive for COVID-19?



Yes ☐

No ☐

**In the last 14 days**, has your child travelled outside of Canada?



If you answered **YES** to any of these questions in Section 3, your child **should NOT attend school or day care and should stay home and self-isolate**. Stay home and call Ottawa Public Health at 613-580-6744 for further guidance.

Visit [OttawaPublicHealth.ca/SchoolsCovid19](https://ottawapublichealth.ca/SchoolsCovid19) for more information.

If your child is feeling unwell and you have questions, contact your health care provider or call Telehealth Ontario at 1-866-797-0000 to speak to a registered nurse.