

Health Screening Checklist

This screening should be done by staff at the beginning of the day before coming to school. If the answer is yes to any of the questions, please stay at home and inform the correct supervisor with details on symptoms. This checklist applies even to those vaccinated or previously infected.

1. Do you have a fever (38C), do you feel warm, or feel chills?

- ☐ Yes
☐ No

2. Do you have any of the following respiratory symptoms?

- ☐ New continuous cough (regularly for over an hour or multiple episodes over 24 hours)
☐ Sore throat
☐ Runny nose

3. Loss of sense of taste or smell in the last 24 hours.

- ☐ Yes
☐ No

If they answer yes to questions #1 or #2, please keep them home and inform us. If they answered yes to #3 or have a persistent fever (more than 24 hours) and respiratory difficulties combined with any of the following: general weakness/fatigue; headache; sore throat; nausea/vomiting; diarrhea or confusion, please see a doctor and isolate at home until they are asymptomatic for 4 straight days without the use of any medications or longer as directed by a doctor.

If you have had close contact with a COVID-19 patient (spent longer than 15 minutes within 1.5m of someone who was sick with a fever and cough) stay home immediately and self-isolate. If asymptomatic, this is for a period of 7 days from contact. If symptomatic, please see a doctor and isolate at home until they are asymptomatic for 4 straight days without the use of any medications or longer as directed by a doctor. Please inform the school.