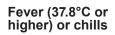
COVID-19 Screening Tool

Any individual attending child care should review the following checklist each day. Parents should review on behalf of their child.

For an online version, visit covid-19.ontario.ca/school-screening

Do you have any of the following:





Runny, congested or stuffy nose*



Nausea, vomiting,

diarrhea, stomach pain*

Yes No Cough that is new or worsening, or barking cough*

Decrease or loss

of taste or smell*

Extreme tiredness

that is unusual*

Yes

No

Yes

No

Yes

No

Shortness of breath, making whistling noise while breathing*



Pink eye*



Sluggishness or lack of appetite

0	Yes
(\cdot)	No

Sore throat or difficulty swallowing*



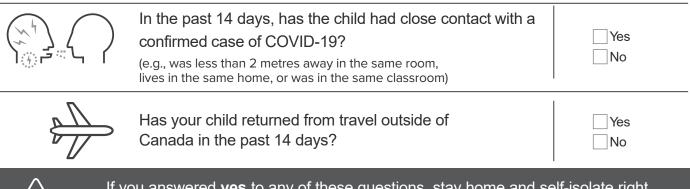
Headaches or muscle aches that are unusual or long lasting*



Falling down often (for older people)



*Not related to other known causes or conditions (for example, a runny nose that is not related to allergies, being outside in cold weather, etc.)





If you answered **yes** to any of these questions, stay home and self-isolate right away. Please refer to the **My Child Did Not Pass the COVID-19 Screening** Tool. Call your health care provider or contact a COVID-19 assessment centre.

hpePublicHealth.ca

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