**Please complete prior to entry of child care centre.**

Child’s Name: Click or tap here to enter text.

Name of person completing the tool: Click or tap here to enter text.

**SYMPTOMS**

1. **Does the child/person have any of the following symptoms. Choose any/all that are new, worsening or not related to other known causes or conditions.**
	1. Fever 37.8 or higher or chills [ ]  **Yes** [ ]  **No**
	2. Cough, new/worsening, barking, continuous more than usual\* **☐ Yes** [ ]  **No**
	3. Shortness of breath, whistling noise while breathing\* [ ]  **Yes** [ ]  **No**
	4. Sore throat or difficulty swallowing\* [ ]  **Yes** [ ]  **No**
	5. Decreased or loss of taste or smell\* [ ]  **Yes** [ ]  **No**
	6. Runny, stuffed or congested nose\* [ ]  **Yes** [ ]  **No**
	7. Pink eye\* [ ]  **Yes** [ ]  **No**
	8. Nausea/vomiting, diarrhea or stomach pain\*[ ]  **Yes** [ ]  **No**
	9. Headache or muscle aches that are unusual or long lasting\* [ ]  **Yes** [ ]  **No**
	10. Extreme tiredness that is unusual\*
	11. Sluggishness or lack of appetite (young children and infants) [ ]  **Yes** [ ]  **No**
	12. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  **Yes** [ ]  **No**

\* Not related to other known causes or conditions: (for example, a runny nose that is not related to allergies, being outside; shortness of breath not related to asthma; congested nose not related to seasonal allergies; digestive issues not related to anxiety, irritable bowel syndrome, etc.)

**EXPOSURE**

1. Has the child/person travelled outside of Canada within the last 14 days? [ ]  **Yes** [ ]  **No**
2. Has the child/person had close contact with a confirmed case? [ ]  **Yes** [ ]  **No**

(e.g., was less than 2 meters away in the same room, lives in the same home, or was in the same classroom).

 **ADMISSION TO PROGRAM:**

[ ] All responses in this questionnaire are **NO**. As a result, the individual has **passed** this health check and will be permitted to enter the childcare centre.

[ ] One or more of the responses in this questionnaire are **YES\***. As a result, the individual has **failed** this health check and will not be permitted to enter the childcare centre.

September 2020

We are committed to providing accessible publications, programs, and services to all. For assistance, please call

613-966-5500; TTY: 711 or email accessibility@hpeph.ca. For more information, please visit hpePublicHealth.ca