



# COVID-19

Please complete before entering the child care setting

## 1. Does your child have any of the following new or worsening symptoms?\*



Fever > 37.8°C



Cough



Difficulty breathing



Loss of taste or smell



Sore throat or pain swallowing



Stuffy or runny nose



Headache



Nausea, vomiting or diarrhea



Feeling unwell, muscle aches or tired

If "YES" to any symptom:



Stay home & self-isolate



Get tested

Or



Contact a health care provider

2. Is there a child or sibling in your household who has one or more of the above symptoms?  Yes  No

3. Has the child travelled outside of Canada in the past 14 days?  Yes  No

4. Has the child been notified as a close contact of someone with COVID-19?  Yes  No

5. Has the child been told to stay home and self-isolate?  Yes  No

If "YES" to Questions 2,3,4 or 5:



Stay home & self-isolate



Follow public health advice

\*Children who have an existing health condition identified by a health care provider that gives them the symptoms should not answer YES, unless the symptom is new, different or getting worse. Look for changes from your child's normal symptoms.

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