

GUIDANCE FOR PRESCHOOLS

APPENDIX B

Screening Questionnaire

For reference, normal temperatures are:
 o Mouth: 35.5-37.5°C (95.9-99.5°F)
 o Underarm: 36.5-37.5°C (97.7-99.5°)
 o Ear: 35.8-38.0°C (96.4-100.4°F)

PARENTS MUST FILL OUT THIS QUESTIONNAIRE TO DECIDE IF THE CHILD SHOULD ENTER TODAY

Risk Assessment: Initial Screening Questions

1.	Do you, or your child attending the program, have any of the below symptoms:	CIRCLE ONE	
	• Fever Child Temperature:	YES	NO
	• Cough	YES	NO
	• Shortness of Breath / Difficulty Breathing	Yes	NO
	• Sore throat	YES	NO
	• Chills	YES	NO
	• Painful swallowing	YES	NO
	• Runny Nose / Nasal Congestion	YES	NO
	• Feeling unwell / Fatigued	YES	NO
	• Nausea / Vomiting / Diarrhea	YES	NO
	• Unexplained loss of appetite	YES	NO
	• Loss of sense of taste or smell	YES	NO
	• Muscle/ Joint aches	YES	NO
	• Headache	YES	NO
	• Conjunctivitis	YES	NO
2.	Have you, or anyone in your household, travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you or your children attending the program had close <u>unprotected*</u> contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever?	YES	NO
4.	Have you or anyone in your household been in close <u>unprotected</u> contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO

* "unprotected" means close contact without appropriate personal protection equipment (PPE).

If you have answered "Yes" to any of the above questions, please **DO NOT** enter at this time.

If you have answered "No" to all the above questions, please sign in and out and practice hand hygiene (wash hands for 30 seconds, and or use hand sanitizer) before and after your visit.

Our goal is to minimize the risk of infection to our staff and children, thank you for your understanding and cooperation.

Name _____

Signature _____

Date _____