COVID-19 SCREENING PASSPORT
Parent to complete each day and send along with child to school

STUDENT NAME: ____________________________

Does your child have any of the following:

- FEVER
- COUGH
- DIFFICULTY BREATHING
- SORE THROAT, TROUBLE SWALLOWING
- RUNNY NOSE OR RED EYES
- LOSS OF TASTE OR SMELL
- NOT FEELING WELL, TIRED OR SORE MUSCLES
- NAUSEA, VOMITING, DIARRHEA

- Has your child been in close contact with someone who is sick or has confirmed COVID-19 in the past 14 days?
- Has your child returned from travel outside Canada in the past 14 days?

If you answered YES to any of these questions, go home & self-isolate right away.
Call Telehealth (1 866-797-0000) or your health care provider, to find out if you need a test.

“My child does not have any of the symptoms/risk factors above.”

DATE: ___________________ PARENT SIGNATURE: ___________________
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BEFORE YOU ENTER THE SCHOOL

You are required to screen your child for COVID-19 symptoms before school each day.

Does your child have any of the following:

- Fever
- Cough
- Difficulty breathing
- Sore throat, trouble swallowing
- Runny nose or red eyes
- Loss of taste or smell
- Not feeling well, tired or sore muscles
- Nausea, vomiting, diarrhea

Has your child been in close contact with someone who is sick or has confirmed COVID-19 in the past 14 days?

Has your child returned from travel outside Canada in the past 14 days?

If you answered YES to any of these questions, go home & self-isolate right away. Call Telehealth (1 866-797-0000) or your health care provider, to find out if you need a test.