



COVID-19 SCHOOL SCREENING TOOL

You must screen for COVID-19 every day before going to school.

Answer the following questions to help you decide if you should or should not go to school today.

You can fill this out on behalf of a student.

This screening cannot diagnose you.

If you have medical questions, consult a health care provider or your [local public health unit](#). Listen to the advice of your local public health unit first, as their advice overrules the advice in this screening.

I am doing this screening as a:

- Student
- Parent/guardian on behalf of a student
- Employee of the Board
- Visitor

Are they currently experiencing any of these symptoms?

Choose any/all that are new, worsening, and not related to other known causes or conditions.

- Fever (*temperature of 37.8 degrees Celsius/100 degrees Fahrenheit, or higher*)
- Chills
- Cough that is new or worsening (*continuous, more than usual, not related to other known causes or conditions – for example, COPD*)
- Barking cough, making a whistling noise when breathing (*croup, not related to other known causes or conditions*)
- Shortness of breath (*out of breath, unable to breathe deeply, not related to other known causes or known conditions – for example, asthma*).
- Sore throat (*not related to other known causes or conditions – for example, seasonal allergies, acid reflux*)
- Difficulty swallowing (*painful swallowing, not related to other known causes or conditions*)
- Runny nose (*not related to other known causes or conditions – for example, seasonal allergies, being outside in cold weather*)
- Stuffy or congested nose (*not related to other known causes or conditions – for example, seasonal allergies*)
- Decrease or loss of taste or smell (*not related to other known causes of conditions – for example, allergies, neurological disorders*)
- Pink eye (*conjunctivitis, not related to other known causes or conditions – for example, recurring styes*)
- Headache that is unusual or long lasting (*not related to other known causes or conditions – for example, tension-type headaches, chronic migraines*)

- Digestive issues like nausea/vomiting, diarrhea, stomach pain (*not related to other known causes or conditions – for example, irritable bowel syndrome, anxiety in children, menstrual cramps*)
- Muscle aches that are unusual or long lasting (*not related to other known causes or conditions– for example, a sudden injury, fibromyalgia*)
- Extreme tiredness that is unusual (*fatigue, lack of energy, not related to other known causes or conditions – for example, depression, insomnia, thyroid dysfunction*)
- Falling down often (*for older people*)
- Sluggishness or lack of appetite (*for young children and infants*)
- None of the above

Have they travelled outside of Canada in the last 14 days?

In the last 14 days, have they tested positive for COVID-19?

In the last 14 days, have they been in close physical contact with someone who currently has COVID-19?

This includes getting a COVID Alert exposure notification.

Close physical contact means:

- *being less than 2 metres away in the same room, workspace, or area*
- *living in the same home*
- *being in the same classroom*

Has a doctor, health care provider, or public health unit told them that they should currently be isolating (staying at home)? Yes No

***If you answered “YES” to any of these questions,
please do not enter an NCDSB facility.***