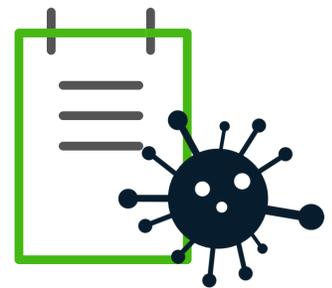




# COVID-19 School Screening Checklist

To be used by staff, students and essential visitors before entering a school.



## 1 Are you currently experiencing any of these issues? Call 911 if so.

**Severe difficulty breathing** (struggling for each breath, can only speak in single words)

**Severe chest pain** (constant tightness or crushing sensation)

**Feeling confused or unsure of where you are**

**Losing consciousness**

## 2 Are you currently experiencing any of these NEW or WORSENING symptoms? Choose all that apply.

**Fever** (37.8°C or 100.4°F or higher)

**Chills**

**Lost sense of taste or smell**

**Difficulty swallowing**

**Cough** (continuous/whistling/barking)

**Shortness of breath** (out of breath/unable to breathe deeply)

**Pink eye** (conjunctivitis)

**Headache that is unusual or long lasting**

**Diarrhea** (refer to 'The Scoop on Poop' fact sheet)

**Muscle aches** (that are unusual or long lasting)

**Extreme tiredness that is unusual** (fatigue, lack of energy)

**Digestive issues like nausea, vomiting, stomach pain** (not related to other known causes)

**Sore throat** (not related to allergies or other known causes)

**Runny nose** (not related to allergies or other known causes)

**Stuffy or congested nose** (not related to allergies or other known causes)

**For young children and infants: sluggishness or lack of appetite**

**None of the above**



**3 In the last 14 days, have you been in close physical contact, without wearing appropriate PPE, with someone who has tested positive for COVID-19?**

Note: Close physical contact means being less than 2 metres away in the same room, workspace, or area; or living in the same home.

Yes

No

**4 In the last 14 days, have you been in close physical contact, without wearing appropriate PPE, with any of the following?**

Note: Close physical contact means being less than 2 metres away in the same room, workspace, or area; or living in the same home.

Someone who is currently experiencing COVID-19 symptoms (see question #2)

Someone who has returned from outside of Canada in the last 2 weeks and has symptoms of COVID-19

**5 Have you traveled outside of Canada in the last 14 days?**

Note: This does not include essential workers who cross the Canada-US border regularly

Yes

No

**6 If you are 70 years of age or older, are you currently experiencing any of the following symptoms? Choose any/all that apply.**

Delirium

Unexplained or increased number of falls

Acute functional decline

Worsening of chronic conditions



**SCREENING RESULTS:**

If you answered **NO** to ALL screening questions:



**You may now proceed to the school.**

If you answered **YES** to ANY screening questions:



**Stay home. DO NOT proceed to the school.**

Please complete the [self-assessment](#) to determine if testing is advised. Contact RC VTAC (1-844-727-6404) or your healthcare provider if further medical assistance is required. Contact RC VTAC if testing has been advised.