



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.