



COVID-19 SCREENING QUESTIONS

Do you or your child have any of the following symptoms?

- Feeling feverish or have a temperature of 37.8C or higher?
- Shortness of breath or difficulty breathing?
- Cough (new or worsening) or sore throat

Additional symptoms that may indicate potential COVID

- Runny nose or congestion (not related to seasonal allergies)
- Difficulty swallowing, decrease or loss of sense of taste or smell
- Chills, headaches
- Unexplained fatigue/malaise/muscle aches
- Pink eye (conjunctivitis)

Specifically, in children:

- Gastrointestinal symptoms (nausea, vomiting, diarrhea, abdominal pain)

If you answered YES to any of these symptoms, do NOT enter the home

Your child cannot be permitted to enter to ensure the safety of everyone in the home, contact the Agency and local public health for next steps

In the last 14 days, have you, your child or anyone in your household have:

- a presumed or confirmed case of Covid-19
- been tested for COVID-19
- been in close contact with someone that has a confirmed or probable case
- been asked to self-isolate/quarantine
- travelled outside of Ontario or continue to travel for work

- Has your child been given fever reducing medications in the last 5 hours?

If the answer to any of the above questions is **YES**, do not enter the home - contact the Agency immediately, your child may not be admitted for care to ensure the safety of everyone in the home.