

Name \_\_\_\_\_ Date \_\_\_\_\_

**Note: Please answer all of the following questions from the perspective of the INDIVIDUAL ATTENDING school**

1.	Are you experiencing a fever (temperature of 37.8 degrees or higher) or chills?	
2.	Are you experiencing Shortness of Breath which is NEW or WORSENING and not related to another known cause or condition?	
3.	Are you experiencing Cough (including croup/stridor) which is NEW or WORSENING and not related to another known cause or condition?	
4.	Are you experiencing a Decrease or Loss of Taste and/or Smell which is NEW or WORSENING and not related to another known cause or condition?	

**Students Only, Staff/Teachers should select 'NO' as the following questions does not apply to them.**

1.	Are you experiencing a Nausea, Vomiting, or Diarrhea which is NEW or WORSENING and not related to another known cause or condition?	
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**Staff/Teachers Only, Students should select 'NO' as the following question does not apply to them.**

1.	Are you experiencing Muscle Aches or Fatigue which are NEW or WORSENING and not related to another known cause or condition? (If your symptoms are mild and you were vaccinated in the past 48 hours you may also select 'NO' to this question)?	
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**All Staff and Students to Answer the Following:**

1.	Is anyone in your household experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms? (If you have received both COVID-19 vaccine doses and/or have tested positive for COVID-19 in the past 90 days and cleared you may select 'NO' to this question)?	
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2.	In the last 10 days, have you been identified as being a 'close contact' of someone diagnosed with COVID-19? (If you have received both COVID-19 vaccine doses and/or have tested positive for COVID-19 in the past 90 days and cleared you may select 'NO' to this question)?	
3.	In the last 10 days, have you received a COVID Alert Notification on your phone? (If you have received both COVID-19 vaccine doses and/or have tested positive for COVID-19 in the past 90 days and cleared you may select 'NO' to this question)?	
4.	In the last 14 days, have you travelled outside of Canada and been advised as per Federal Quarantine Guidelines? (If you are under 12 and not fully vaccinated you MUST also select YES even if you are exempt from federal quarantine)	
5.	Have you been directed by a health care provider or public health to self isolate?	
6.	In the last 10 days, have you tested positive on a rapid antigen test or home-based self testing kit? (If you had a follow-up PCR test which was negative you may select NO)?	