

Ashbury College COVID-19 Screening Questionnaire – PRINTABLE COPY



This questionnaire, based on the Ottawa Public Health Screening Tool for School or Child Care, is to be completed each day a student attends campus. Your child will not be able to enter the school without a complete screening form. We thank you for doing your part in maintaining the safety of our community.

Has your child travelled outside of Canada in the last 14 days?

- Yes
- No

Has your child been in close physical contact with someone who has tested positive for COVID-19 in the past 14 days? Close physical contact means living in the same home or being fewer than 2m away in the same room or area from another person

- Yes
- No

Has your child's household contacts (family members and/or roommates) or other contacts outside of school/child care presented with new COVID-19 symptoms (like a cough, fever, or difficulty breathing) in the last 14 days?

- Yes
- No

Does your child have any of the following symptoms?

- Fever (a temperature of 37.8 degrees Celsius or higher);
- Chills;
- New or worsening cough;
- Barking cough, making whistling noise when breathing (croup);
- Shortness of breath (unable to breathe deeply or feeling unable to catch one's breath);
- Sore throat (not related to seasonal allergies or other known conditions);
- Trouble/Difficulty swallowing;
- Runny nose, or nasal congestion (not related to seasonal allergies or other known causes or conditions);
- Unusual headache;
- Changes in taste or smell (e.g. lost sense of taste);
- Nausea or vomiting (not related to other known causes or conditions);
- Diarrhea or stomach pain (not related to other known causes or conditions);
- Unexplained fatigue (lack of energy);
- Sore muscles (long lasting or unusual);
- Pink eye (irritated, itchy or painful eye that may have crusting or discharge; conjunctivitis);
- Falling down often
- Sluggishness or lack of appetite (note these symptoms may be more relevant to infants and young children);
- Unexplained rashes

IF YOU ANSWERED YES TO ANY OF THE ABOVE, OR CHECKED ANY SYMPTOMS, YOUR CHILD MAY NOT ATTEND SCHOOL

Student Name : _____ completed the COVID-19 Screening and will attend school.

PARENT/GUARDIAN: _____ DATE: _____