

Ashbury College COVID-19 Screening Questionnaire – PRINTABLE COPY



Updated February 23, 2021

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.

In the last 14 days, has your child travelled outside of Canada?

- Yes
- No

In the last 14 days, has your child been in close physical contact with someone who has tested positive for COVID-19 or who has returned from outside Canada? 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

In the last 14 days, have your household contacts (family members and/or roommates) or other contacts outside of school/childcare presented with new COVID-19 symptoms (like a cough, fever, difficulty breathing, or runny nose)?

- Yes
- No

Has a doctor, healthcare provider, or public health unit told your child that they should currently be isolating or staying at home? (This can be because of an outbreak or contact tracing)

- 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);
- Sluggishness or lack of appetite (note these symptoms may be more relevant to infants and young children);

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

We recommend that you go to a COVID-19 assessment centre or care clinic to get tested as soon as possible. Please do not attend school and stay at home while awaiting test results. Please tell your household contacts about your symptoms as they must also isolate at home until test results are received. If the test is negative (shows you do not have COVID-19) household contacts who are symptom-free can end their self-isolation and you may return to school 24 hours after symptoms have been improving, without the use of fever-reducing medication. (Note that any time your symptoms include vomiting or diarrhea, then you have to be well for 48 hours before returning to school). If the test result is positive follow the instructions from Ottawa Public Health. For more information, contact OPH at 613-580-6744 or refer to the [OPH COVID-19 Assessment Centre and Care Clinics Webpage](#).

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

PARENT/GUARDIAN: _____ DATE: _____