

Adult COVID-19 Screening Survey



Instructions

Prior to arrival at the child care centre, parents will screen themselves and their children daily by completing the survey and confirming during their screening process. If you or your child do not pass the screening, please stay home and follow the steps at the bottom of the screening survey. Upon arrival at the child care centre, the screeners will confirm and record your results, time of arrival, and temperature. It is important to note that when assessing the symptoms below, you should focus on evaluating if they are **new, worsening, or different from your baseline health status or usual state**. Symptoms associated with known chronic health conditions or related to other known causes/conditions should not be considered unless new, different, or worsening.

Name: _____

Date: _____ Time: _____ Contact#: _____

Screening Questions

Do you have any of the following symptoms that are new, worsening or different from your baseline health:

Question Set 1	Y	N
Fever and/or chills (temperature of 37.8°C/100.0°F or greater)		
Cough (more than usual if chronic cough) including croup (barking cough, making a whistling noise when breathing) <i>Not related to other known causes or conditions (e.g., asthma, reactive airway)</i>		
Shortness of breath (dyspnea, out of breath, unable to breathe deeply, wheeze, that is worse than usual if chronically short of breath) <i>Not related to other known causes or conditions (e.g., asthma)</i>		
Sore throat (painful swallowing or difficulty swallowing) <i>Not related to other known causes or conditions (e.g., post nasal drip, gastroesophageal reflux)</i>		
Question Set 2	Y	N
Stuffy nose and/or runny nose (nasal congestion and/or rhinorrhea) <i>Not related to other known causes or conditions (e.g., seasonal allergies, returning inside from the cold, chronic sinusitis unchanged from baseline, reactive airways)</i>		
Runny, stuffy or congested nose (not related to seasonal allergies or other known condition)		
Headache that is new and persistent, unusual, unexplained, or long-lasting <i>Not related to other known causes or conditions (e.g., tension-type headaches, chronic migraines)</i>		
Nausea, vomiting and/or diarrhea <i>Not related to other known causes or conditions (e.g. transient vomiting due to anxiety in children, chronic vestibular dysfunction, irritable bowel syndrome, inflammatory bowel disease, side effect of medication)</i>		
Fatigue, lethargy, muscle aches or malaise (general feeling of being unwell, lack of energy, extreme tiredness, poor feeding in infants) that is unusual or unexplained <i>Not related to other known causes or conditions (e.g., depression, insomnia, thyroid dysfunction, anemia)</i>		

Stuffy nose and/or runny nose (nasal congestion and/or rhinorrhea) <i>Not related to other known causes or conditions (e.g., seasonal allergies, returning inside from the cold, chronic sinusitis unchanged from baseline, reactive airways)</i>		
Conjunctivitis (pink eye)		
Has your child been identified as a close contact of someone who is confirmed as having COVID-19 by your local public health unit?		
Have you been directed by a health care provider including public health official to isolate?		
Additional Questions	Y	N
Is anyone in your household sick with any of the above symptoms?		
Have you been in close contact with a confirmed case of COVID-19 in the past 14 days?		
Have you travelled outside of Canada in the past 14 days?		

Results of Screening Questions:

If you answered “YES” to any of the symptoms included under Question Set 1:

1. You and your child should stay home to isolate immediately.
2. Contact your health care provider for further advice or assessment, including if you need a COVID-19 test or other treatment.

If you answered “YES” to only one of the symptoms included under Questions Set 2:

1. You and your child should stay home for 24 hours from when the symptom started.
2. If the symptom is improving, your child may return to Thistleoaks when they feel well enough to do so. A negative COVID-19 test is not required to return.
3. If the symptom persists or worsens, contact your health care provider for further advice or assessment, including if you need a COVID-19 test or other treatment.

If you answered “YES” to two or more of the symptoms included under Question Set 2:

1. You and your child should stay home to isolate immediately.
2. Contact your health care provider for further advice or assessment, including if you need a COVID-19 test or other treatment.

If you answered “YES” to question 3, 4 or 5:

1. You and your child should stay home to isolate immediately and follow the advice of public health.
2. If you develop symptoms, you should contact your local public health unit or the health care provider for further advice.