



COVID-19 Screening for Parents and Children

March 2020

To protect everyone, including staff, we are asking all parents and visitors to complete the following questionnaire.

Child's Name: _____ Date: _____

Parent/Guardian Name: _____ Relationship to Child: _____

In the past 14 days:

1. Have you or your children travelled outside of Canada?

YES NO

2. Have you or your children been in contact with someone infected with the coronavirus (COVID-19)?

YES NO

3. Have you or your children been to a hospital, walk in clinic, emergency room, etc. where people infected with the coronavirus (COVID-19) are being treated?

YES NO

3. Have you or your children had any of the following symptoms in the last few days:

- Fever
- New or unexplained cough
- Shortness of breath
- Difficulty breathing

YES NO

Signature: _____