

PRESCHOOL: COVID Screening Questionnaire

Child's Name: _____ Parent Signature: _____ Date: _____

Risk Assessment: Initial Screening Questions

1. Do you, or your child attending the program, have any of the below symptoms:		CIRCLE ONE	
	• Fever	YES	NO
	• Cough	YES	NO
	• Shortness of Breath / Difficulty Breathing	YES	NO
	• Sore throat	YES	NO
	• Chills	YES	NO
	• Painful swallowing	YES	NO
	• Runny Nose / Nasal Congestion	YES	NO
	• Feeling unwell / Fatigued	YES	NO
	• Nausea / Vomiting / Diarrhea	YES	NO
	• Unexplained loss of appetite	YES	NO
	• Loss of sense of taste or smell	YES	NO
	• Muscle/ Joint aches	YES	NO
	• Headache	YES	NO
	• Conjunctivitis (Pink eye)	YES	NO
2.	Has your child travelled outside of Canada in the last 14 days or has someone in the household travelled outside of Canada in the last 14 days and is ill?	YES	NO
3.	Have you or your children attending the program had close <u>unprotected</u> * contact (face-to-face contact within 2 metres/6 feet) in the last 14 days with someone who is ill with cough and/or fever?	YES	NO
4.	Have you or anyone in your household been in close <u>unprotected</u> contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO

* "unprotected" means close contact without appropriate personal protection equipment (PPE).

If you have answered "Yes" to any of the above questions, please **DO NOT** enter at this time.

If you have answered "No" to all the above questions, please sign in and out and practice hand hygiene (wash hands for 20 seconds, and or use hand sanitizer) before and after your visit.

Our goal is to minimize the risk of infection to our staff and children, thank you for your understanding and cooperation.

Must be submitted daily to enter Menorah Academy's Preschool Program, one per child.

