

Table 1

SLJEME COVID SCREENING TOOL					
Name of Child:					
Starting Date of first Class:					
	PLEASE CIRCLE YES OR NO		DATE OF SCREENING RECHECK	INITIALS	
1. Does your child have any of the following new or worsening symptoms?					
			Nov 3, 2021		
-Fever and/or chills (temperature of 37.8 C/100F or greater)	YES	NO	Nov 10, 2021		
			Nov 17, 2021		
-Cough, including croup (Barking cough, making whistling noise when breathing)	YES	NO	Nov, 24, 21		
			Dec 1, 2021		
-Shortness of breath	YES	NO	Dec 8, 2021		
			Dec 15, 2021		
-Decrease or loss of smell or taste	YES	NO	Jan 5, 2021		
			Jan 12, 2021		
-Sore throat (painful swallowing or difficulty swallowing)	YES	NO	Jan 19, 2021		
			Jan 26, 2021		
-Stuffy nose and/or runny nose	YES	NO	Feb 2, 2021		
			Feb 9, 2021		
-Headache (that is new and persistent, unusual, unexplained or long-lasting)	YES	NO	Feb 16, 2021		
			Feb 23, 2021		
-Nausea, vomiting and/or diarrhea	YES	NO	Mar 2, 2021		
			Mar 9, 2021		
-Fatigue, lethargy, muscle aches or malaise (general feeling of being unwell)	YES	NO	Mar 23, 2021		
			Mar 30, 2021		
2. Has your child travelled outside of Canada in the past 14 days?	YES	NO	Apr 6, 2021		
			Apr 13, 2021		
3. Has you child been identified as a close contact to someone who is confirmed as having COVID-19 by your local public health unit?	YES	NO	Apr 20, 2021		
			Apr 27, 2021		
4. Has your child been directed by a health care provider including public health official to isolate?	YES	NO	May 4, 2021		
			May 11, 2021		
5. Has your child been tested for COVID-19 in the last 14-21 days?	YES	NO	May 18, 2021		
			May 25, 2021		
6. Has your child's class recently been closed due to a confirmed case of COVID-19?	YES	NO			
Signature:					
Date:					