

### COVID-19 Active Surveillance Form for Day Camps

Facility Name: \_\_\_\_\_

Form to be completed daily for each child and staff

Week of: \_\_\_\_\_

Date (yyyy/mm/dd)	Name (LAST NAME, First Name)	Child (C), Staff (S)	1 Temperature of child or staff, measured daily at home before arrival at the day camp: greater than 37.8 C	3 Is your child or staff member experiencing any of the following symptoms? <small>Fever (&gt;37.8 C), Chills, cough that's NEW or worsening, barking cough (making squeaky or whistling noise when breathing) (croup), shortness of breath (out of breath, unable to breathe deeply), sore throat, difficulty swallowing, hoarse voice (more rough or harsh than normal), runny nose, stuffy or congested nose, lost sense of taste or smell, headache, digestive issues (nausea/vomiting, diarrhea, stomach pain), fatigue (lack of energy, tiredness), falling down more than usual, for young children: sluggishness or lack of appetite</small>	4 Has child/staff been identified as close contact of a confirmed case of COVID- 19 or someone who has been tested for COVID- 19?	5 Does anyone in child/staff household have any of the systems listed in question #3?	6 Has child/staff travelled outside Canada in the past 14 days?	Onset date of first symptom (yyyy/mm/dd)	Comments
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