

COVID-19 Daily Screening Form

Child Care Centre Name: _____

Form to be completed daily for each child, parent, visitor, staff who enters centre

Date: _____

Date and Time	Name (LAST NAME, first name)	Parent (P), Child (C.), Essential Visitor (V), Staff (S)	Room (Child & Staff only)	1 Travel Outside of Canada in past 14 days? If yes, where?	2 Close physical contact with a confirmed case of COVID-19 in last 14 days?	3 Daily temperature reported:	4 Any COVID-19 symptoms?	5 Has individual had exposure to a person currently sick with symptoms in the past 14 days?	Onset date of first symptom (yy/mm/dd) If applicable	Comments
				<input type="checkbox"/> Yes <input type="checkbox"/> No Where:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ <input type="checkbox"/> C <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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- 1. If answer is yes, individual must go home, self-isolate and not come to centre for 14 days since entry into Canada.
- 2. If answer is yes, individual must go home, self-isolate and not come to centre for 14 days since last exposure to confirmed case.
- 4. If answer is yes, individuals who have symptoms persisting for more than a few hours and symptom(s) is new and not related to seasonal allergies or pre-existing medical conditions, must stay home from the centre and should be tested. Individual may return to centre with a negative result or alternative diagnosis and being symptom free for 24hrs. In absence of testing or alternative diagnosis, ill individuals are recommended to self-isolate at home for 14 days from symptom onset.
- 5. If answer is yes, individual is to self-monitor for symptoms for 14 days. No exclusion from the centre unless individual attending centre becomes symptomatic.

Note: Q.3 - please use direction for Q.4