



## Daily Screening Check:

This form must be completed in order to allow an unaccompanied child to enter the facility. Parent/guardians must complete the form on behalf of their Child Participants. Adults entering the facility as participants, to view classes or for administrative reasons must complete a paper screening form at the door.

Date: \_\_\_\_\_

Child's Name (First & Last): \_\_\_\_\_

### Screening Symptoms:

Below is a list of symptoms. Please be sure to go through and check Yes or No. If your child has experienced any of the following, we ask that they please DO NOT attend.

- |   |     |    |
|---|-----|----|
| <input type="radio"/> Fever (anything greater than 38 degrees/Chills) | Yes | No |
| <input type="radio"/> Coughing, shortness of breath                   | Yes | No |
| <input type="radio"/> Nausea/vomiting                                 | Yes | No |
| <input type="radio"/> Diarrhea  | Yes | No |
| <input type="radio"/> Loss of sense of smell                          | Yes | No |

- Have you returned from travel outside of Canada in the last 14 days?      Yes      No

-Are you a confirmed contact of a person confirmed to have COVID-19?      Yes      No