

DAILY SCREENING QUESTIONNAIRE – UPDATE JUNE 18, 2020

Dear parent or guardian, - so we can assess our ability to care for your child today, please fill out this questionnaire to determine if your child can attend today.

1.	Do you, or your child attending today, have any of the following symptoms?	CHECK ONE	
	• Fever	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	• Cough	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	• Shortness of breath or difficulty breathing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	• Sore throat	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	• Runny nose or congestion	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	• Feeling unwell	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	• Nausea, vomiting, or diarrhea	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	• Muscle aches	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	• Headache	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	• New loss of sense of taste or smell	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	• Conjunctivitis	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Have you, or anyone in your household, travelled outside of Saskatchewan in the past 14 days?	<input type="checkbox"/> IF YES PLEASE SELF MONITOR FOR 14 DAYS	<input type="checkbox"/> NO
3.	Have you, or anyone in your household, in the past 14 days travelled to a community in Saskatchewan with a COVID-19 outbreak? IF YES, PLEASE ANSWER QUESTION #4	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Have you or anyone in your household been in direct <u>unprotected</u> contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Have you, or anyone in your household travelled internationally and/or been instructed to self-isolate for any other reason?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you answered “yes” to questions #1, #4 or #5, please DO NOT enter at this time.

If you have recently developed any of these symptoms, please call 811 or visit:

<https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/covid-19-self-assessment> to do a self-assessment to see if you require testing.

Be sure to practise good hand hygiene (use hand sanitizer or wash hands with soap and water for at least 20 seconds before entering and leaving the facility.

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

Name: _____ Signature: _____

Date: _____