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| 1. Symptoms of Illness
 | Does your child have any of the following symptoms? | CIRCLE ONE |
|  | Fever | YES | NO |
| Chills | YES | NO |
| Cough or worsening of chronic cough | YES | NO |
| Shortness of breath | YES | NO |
| Sore throat | YES | NO |
| Runny nose / stuffy nose | YES | NO |
| Loss of sense of smell | YES | NO |
| Headache | YES | NO |
| Fatigue | YES | NO |
| Diarrhea | YES | NO |
| Loss of appetite | YES | NO |
| Nausea and vomiting | YES | NO |
| Muscle aches | YES | NO |
| Conjunctivitis (pink eye) | YES | NO |
| Dizziness, confusion | YES | NO |
| Abdominal pain | YES | NO |
| Skin rashes or discoloration of fingers or toes | YES | NO |
| 1. International Travel
 | Have you or anyone in your household returned from travel outside Canada in the last 14 days? | YES | NO |
| 1. Confirmed Contact
 | Are you or is anyone in your household a confirmed contact of a person confirmed to have COVID-19? | YES | NO |