

Covid - 19 Alberta Health Daily Check (For Children Under 18)



Screening Question	Monday	Tuesday	Wednesday	Thursday	Friday
Section 1	Has the Child?				
Travelled Outside of Canada in the last 14 days?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Had close contact with a case of Covid-19 in the last 14 days?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

If the child answers YES to any of the questions above: The child is required to quarantine for 14 days from the last day of exposure. If the child develops any symptoms call 811 or use AHS Online Assessment tool to determine if testing is recommended.
If the child answered NO to Both questions above: Proceed to Section 2.

Section 2	Does the Child have any new Onset (worsening) of the following core symptoms ?				
Fever (38C or higher)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Cough	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Shortness of Breath	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Loss of sense of smell or taste	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

If the child answered YES to any symptom in Section 2: The child is to isolate or 10 days from onset of symptoms. Use AHS Online Assessment Tool or call 811 to arrange for testing and to receive additional information on isolation.
If the child answered NO to all of the above symptoms in Section 2: Proceed to Section 3.

Section 3	Does the Child have any new onset (or worsening) of the following other symptoms ?				
Chills (without fever or being outside)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Sore throat/painful swallowing (not related to know causes or being outside)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Runny Nose/Congestion (Not related to other causes or being outside)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Felling Unwell/fatigued (not related to other known causes)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Nausea, vomiting or diarrhea (not related to other known causes)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Unexplained loss of appetite (not related to other known causes)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Muscle/joint aches (not related to other known causes)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Headache (not related to other known causes)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Conjunctivitis (Pink Eye)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

If the child said YES to ONE symptom in section 3: Keep Child home and monitor for 24 hours, if symptoms improve after 24hrs. they can return to care. Testing not necessary. If symptom do not improve or worsen after 24hrs. Use the AHS Online Assessment tool or call 811 to check if testing is recommended.
If child answered YES to 2 or more symptoms in section 3: Keep your child home, and use the AHS Assessment tool or call 811 to determine if testing is recommended. Your child can return to care once their symptoms go away as long as it has been longer then 24hrs.
If your child answered NO to all questions they are good to go!

Child/childrens Name(s): _____

Date : _____

Parent Signature: _____