



Parent/Child Name: _____ Date: _____

1. Do you or your child attending the program, have any of the following symptoms:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Fever							
Cough							
Shortness of breath/ difficulty breathing							
Sore throat							
Runny nose/nasal congestion							
Feeling unwell/ fatigued							
Nausea/vomiting/ diarrhea							
Muscle aches							
Headache							
conjunctivitis							

2. Have you or anyone else in your household travelled outside of Canada in the last 14 days?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
YES							
NO							

3. Have you or your children attending the program had close unprotected contact (face to face, within 2 metres/6 feet) with someone who is ill with cough and/or fever?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
YES							
NO							

4. Have you or anyone in your household been in close, unprotected contact in the last 14 days with some one who is being investigated or confirmed to be a case of COVID-19?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
YES							
NO							

If you have answered YES to any of the above questions, please **DO NOT ENTER** at this time.

If you have answered NO to all the above questions, please sign in and out and practice hand hygiene (wash hands for 30 seconds, and or use hand sanitizer) before and after your visit.

Parent Signature: _____



Parent/Child Name: _____ Date: _____

5. Do you or your child attending the program, have any of the following symptoms:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Fever							
Cough							
Shortness of breath/ difficulty breathing							
Sore throat							
Runny nose/nasal congestion							
Feeling unwell/ fatigued							
Nausea/vomiting/ diarrhea							
Muscle aches							
Headache							
conjunctivitis							

6. Have you or anyone else in your household travelled outside of Canada in the last 14 days?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
YES							
NO							

7. Have you or your children attending the program had close unprotected contact (face to face, within 2 metres/6 feet) with someone who is ill with cough and/or fever?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
YES							
NO							

8. Have you or anyone in your household been in close, unprotected contact in the last 14 days with some one who is being investigated or confirmed to be a case of COVID-19?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
YES							
NO							

If you have answered YES to any of the above questions, please **DO NOT ENTER** at this time.

If you have answered NO to all the above questions, please sign in and out and practice hand hygiene (wash hands for 30 seconds, and or use hand sanitizer) before and after your visit.

Parent Signature: _____