



Child's Play Screening Questionnaire

Risk Assessment: Initial Screening Questions:

Please check YES or NO

1. Do you, or your child attending the program, have any of the below symptoms:	Yes	No
- Fever		
- Cough		
- Shortness of Breath/ Difficulty Breathing		
- Sore Throat		
- Chills		
- Painful Swallowing		
- Runny Nose/ Nasal Congestion		
- Feeling Unwell/ Fatigued		
- Nausea/ Vomiting/ Diarrhea		
- Unexplained loss of appetite		
- Loss of sense taste or smell		
- Muscle Aches/Joint Aches		
- Headache		
- Conjunctivitis		
2. Have you, or anyone in your household, travelled outside of Canada in the last 14 days?		
3. Have you or your children attending the program had close unprotected* contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever?		
4. Have you or anyone in your household been in close unprotected contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?		

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.

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

Name _____ Child's Name _____

Date _____ Signature _____