

Covid Wellness Questionnaire

**STOP! ALL PERSONS MUST REVIEW THIS QUESTIONNAIRE PRIOR TO
ADMITTANCE INTO THIS CHILDCARE FACILITY.**

KEY SYMPTOM SCREENING				
1.	Do you, or your child, have any of the following Covid-19 symptoms?		ANSWER	
	• Fever		YES	NO
	• A new or worsening cough/ sore throat/ runny nose (with yellow and green mucus)		YES	NO
	• Shortness of breath/ difficulty breathing (<i>In small children this can look like breathing fast or working hard to breathe</i>)		YES	NO
	• Nausea/ vomiting/ diarrhea		YES	NO
	• Loss of sense of smell/taste		YES	NO
	• Lack of appetite or fatigue		YES	NO
2.	Have you or your child, <i>in the past 24 hrs</i> been administered any medications (acetaminophen, ibuprofen, homoeopathic, etc..)		YES	NO

If you have answered **yes to two or more** points under key symptoms of illness, the School House considers you sick and you or your child will be unable to return until you or your child are symptom free for 24 hour (please notify the office).

If you are experiencing two or more symptoms, we recommend you seek a health assessment (call 811 or see your GP). After seeking a health assessment if you are asked to “assume” you have covid-19 or have tested positive with covid-19, The School House asks that you or your child self isolate from the centre for a minimum of 5 days and/or until you are symptom free for 24 hours.

Upon any entry, hands must be washed. Our mask policies remain in effect.

Regular School House Wellness Policies will remain in effect.

All policies regarding wellness and Communicable Disease Prevention can be found on our website! www.theschoolhouseecl.com

***Our goal is to minimise the risk of infection to educators, children and families.
Thank you for your diligence and cooperation.***