

## M'Chigeeng, ON POP 1G0 P:705-377-4988 F: 705-377-5080

## Pandemic Screening for Students of Lakeview School & Binoojiinhs Gamgoonhs

1. Yes No Is your child(ren) experiencing any of the following symptoms associated with COVID-19? Not related to any known causes/health conditions:  Fever (37.8 degrees Celsius) Chills, New or worsening cough Shortness of breath or difficulty breathing, Sore throat, Decreased or loss of sense of taste or smell, Headaches, Unexplained fatigue/muscle aches, Nausea/vomiting, diarrhea Abdominal pain, Pink eye (conjunctivitis), Runny nose/nasal congestion – accompanying other symptoms above  2. Yes No In the last 14 days, has your child(ren) or any member of your household travelled outside of Canada?  3. Yes No Does your child(ren) or any member of your household have a confirmed case of COVID-19 or had close contact with a confirmed or probable case of COVID-19?  4. Yes No Has a doctor, public health unit, or healthcare provider advised that anyone in your household should currently be self-isolating (staying at home)? Can be due to any outbreak or contact tracing.	First and Last Name: Grade Teacher							
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Parent Signature Date	5.	Yes	No	Any household members experiencing	g symptoms		Yes	No
2 WV		Pare	nt Sigi	nature	Date			
Prior to the child's entry into the school, temperature reading will be taken and recorded by staff.	Prior t		Ü			orded by staff.		

Date completed Temperature reading (yyyy-mm-dd) (Note: fever is 37.8C & above) Staff Initial for screening and temperature

The school will keep this information for 30 days and may be used for contact tracing, if needed. Screening form will be shredded after 30 day storage period If this screening process identifies that a child is ill, the child will not be able to enter the school building and the parent will be contacted. If the parent or staff has answered "yes" to any of the above questions, please refer to the *Results of Screening Questions* document. The school will scan, send and call the Health Centre and mark the subject line as "PRIORITY". Confidential Fax line 705-377-5540 A Community Health Nurse from M'Chigeeng Health Centre will follow up with the parent/childcare provider.