



**Hamilton-Wentworth Catholic District School Board**  
*Believing, Achieving, Serving*

**Parents/Guardians:** Please complete the COVID-19 School and Child Care Screening Assessment located on the [ontario.ca website](https://www.ontario.ca) or on the back of this document each day with your child prior to the start of school. After completing the screening, please confirm that your child has taken and passed the self-assessment for each given day.

**Attestation:** With my signature, I attest that my child has taken and passed the COVID-19 School and Child Care Screening Assessment on the specified day.

**Name of School:** \_\_\_\_\_

**Name of Student:** \_\_\_\_\_

### September 2021

Monday	Tuesday	Wednesday	Thursday	Friday
6 Labour Day Holiday	7 P.A. Day	8 First day of school	9	10
		_____ Parent/Guardian Signature	_____ Parent/Guardian Signature	_____ Parent/Guardian Signature
13	14	15	16	17
_____ Parent/Guardian Signature	_____ Parent/Guardian Signature	_____ Parent/Guardian Signature	_____ Parent/Guardian Signature	_____ Parent/Guardian Signature
20	21	22	23	24
_____ Parent/Guardian Signature	_____ Parent/Guardian Signature	_____ Parent/Guardian Signature	_____ Parent/Guardian Signature	_____ Parent/Guardian Signature
27	28	29	30	1 October
_____ Parent/Guardian Signature	_____ Parent/Guardian Signature	_____ Parent/Guardian Signature	_____ Parent/Guardian Signature	_____ Parent/Guardian Signature

# COVID-19 Screening Tool for Students and Children in School and Child Care Settings

Students and children must screen for COVID-19 every day before going to school or child care. Parents/guardians can fill this out on behalf of a child.

**If you answer “NO” to all questions, your child may go to school.**

Screening Questions	Results of screening questions
<p><b>1. Is the student/child currently experiencing any of these symptoms?</b></p> <p><b>Fever and/or chills</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Cough or barking cough (croup)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Shortness of breath</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Decrease or loss of taste and smell</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Nausea, vomiting and/or diarrhea</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>If you answered “YES” to any of the symptoms in question 1, do not go to school.</b></p> <p>The student/child must isolate (stay home). Household members must stay at home until the student/child showing symptoms tests negative or is cleared by Public Health. Household members who are fully vaccinated or previously positive for COVID-19 in the last 90 days and have since been cleared are not required to stay home.</p>
<p><b>2. Did the student/child receive their final (or second in a two-dose series) COVID-19 vaccination dose more than 14 days ago, or have they tested positive for COVID-19 in the last 90 days and have since been cleared?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If “YES,” skip questions 3, 4, 5</p>	<p><b>If you answered “YES” to question 3, do not go to school.</b></p> <p>The student/child must isolate (stay home) and can return to school once the individual with symptoms tests negative or is cleared by Public Health.</p>
<p><b>3. Is someone that the student/child lives with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?</b></p> <p>If the individual experiencing symptoms received a COVID-19 vaccine in the last 48 hours and is experiencing mild symptoms that began after vaccination, select “NO”</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>If you answered “YES” to question 4, do not go to school.</b></p> <p>The student/child must isolate for 10 days and test negative and be symptom free before they can return. If they develop symptoms or test positive, contact your doctor or Public Health. Household members can go to school or work but must otherwise stay home. Household members who are fully vaccinated or previously positive for COVID-19 in the last 90 days and have since been cleared are not required to isolate.</p>
<p><b>4. In the last 10 days, has the student/child been identified as a “close contact” of someone who currently has COVID-19?</b></p> <p>If Public Health has advised you that you do not need to self-isolate, select “NO”</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>If you answered “YES” to question 5, do not go to school.</b></p> <p>The student/child must isolate and get a COVID-19 test. If they test negative, they can return to school. If they test positive, they need to continue isolating and cannot return until cleared by Public Health. If they develop symptoms, contact your doctor or Public Health. Household members can go to school or work but cannot otherwise leave the home until the individual who received the COVID alert tests negative or is cleared by Public Health. Household members who are fully vaccinated or previously positive for COVID-19 in the last 90 days and have since been cleared are not required to isolate.</p>
<p><b>5. In the last 10 days, has the student/child received a COVID Alert exposure notification on their cell phone?</b></p> <p>If they already went for a test and got a negative result, select “NO”</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>If you answered “YES” to question 6, do not go to school.</b></p> <p>The student/child must follow federal guidelines for individuals who have travelled internationally, including not going to school for 14 days after their arrival and getting tested as per federal requirements. For more information on federal requirements for travellers, please see the <a href="#">Government of Canada’s website</a>.</p>
<p><b>6. In the last 14 days, has the student/child travelled outside of Canada AND:</b></p> <ul style="list-style-type: none"><li>• been advised to quarantine as per the federal quarantine requirements, AND/OR</li><li>• is the student/child under the age of 12 and not fully vaccinated?</li></ul> <p>If travel was solely due to a cross border custody arrangement, select “NO”</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>If you answered “YES” to question 7, do not go to school.</b></p> <p>The student/child must isolate and cannot return until cleared by Public Health. If the student/child develops symptoms, contact your doctor or Public Health. Household members must stay home until the student/child tests negative or is cleared by Public Health. Household members who are fully vaccinated or previously positive for COVID-19 in the last 90 days and have since been cleared are not required to isolate.</p>
<p><b>7. Has a doctor, health care provider, or public health unit told you that the student/child should currently be isolating (staying at home)?</b> This can be because of an outbreak or contact tracing.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>If you answered “YES” to question 8, do not go to school.</b></p> <p>The student/child must isolate and get a COVID-19 test. If they test negative, they can return to school. If they test positive, they need to continue isolating until cleared by Public Health. Household members must isolate until the individual who tested positive on the rapid antigen test tests negative on a PCR test or is cleared by Public Health. Household members who are fully vaccinated or previously positive for COVID-19 in the last 90 days and have since been cleared are not required to isolate.</p>
<p><b>8. In the last 10 days, has the student/child tested positive on a rapid antigen test or a home-based self-testing kit?</b></p> <p>If the student/child has since tested negative on a lab-based PCR test, select “NO”</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	