

HFCRD HEALTH DAILY CHECKLIST

Last Updated: Thursday August 27, 2020

Everyone must fill out this form before entering any HFCRD building. Parents/Guardians can fill this out for their child(ren).

The tool is meant to be used to assist with assessing attendees who may be symptomatic, or who may have been exposed to someone who is ill or has confirmed COVID-19. Attendees should fill out this checklist prior entering school daily. If an individual answers YES to any of the questions, they must not be allowed to attend school. Children and youth will need a parent to assist them to complete this screening tool. This information is being collected for the purpose of COVID-19 contact tracing and can only be used for this purpose unless the individual provides consent.

Screening Questions

1.	Does the attendee have any new onset (or worsening) of any of the following	CIRCLE ONE	
	Fever	YES	NO
	Cough	YES	NO
	Shortness of Breath / Difficulty Breathing	YES	NO
	Sore throat	YES	NO
	Chills	YES	NO
	Painful swallowing	YES	NO
	Runny Nose / Nasal Congestion	YES	NO
	Feeling unwell / Fatigued	YES	NO
	Nausea / Vomiting / Diarrhea	YES	NO
	Unexplained loss of appetite	YES	NO
	Loss of sense of taste or smell	YES	NO
	Muscle/ Joint aches	YES	NO
	Headache	YES	NO
	Conjunctivitis (Pink Eye)	YES	NO
2.	Has the attendee travelled outside of Canada in the last 14 days?	YES	NO
3.	Has the attendee had close contact* with a confirmed case of COVID-19 in the last 14 days?	YES	NO
4.	Has the attendee had close contact with a symptomatic** close contact of a confirmed case of COVID-19 in the last 14 days?	YES	NO

* Face-to-face contact within 2 metres. A health care worker in an occupational setting wearing the recommended personal protective equipment is not considered to be a close contact.

** 'Ill/symptomatic' means someone with COVID-19 symptoms on the list above

Name

Date

Phone Number

HFCRD Site