

Facility Name: \_\_\_\_\_ To be completed for parent/caregiver, children, staff and essential visitors(e.g. SNR staff, students, Ministry staff and other public officials, cleaners, caterer)

Week of: \_\_\_\_\_

Date	Name (LAST NAME, first name)	Who is being screened (parent/staff/ child/essential visitor?)	Room	Close contact with a confirmed or presumptive case of COVID-19?	Travel Outside of Canada? If yes, where?  Where:	New or worsened cough or difficulty breathing or swallowing?	New or worsened Runny Nose, congestion, sneezing, hoarse voice, sore throat headache?	Diarrhea or rash?	Pink Eye?	New olfactory or taste disorder, nausea or vomiting?	Fever? (37.8 or greater must be excluded)	Onset date of first symptom (yy/mm/dd)	Comments (please record temperature reading and any other comments) As of April 14, temperatures of 37.8 degrees celsius or greater must be excluded
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**If answer is yes to any of the questions, please ask person to leave the child care centre. Notification to the Public Health Unit is no longer required by the centre.**