



## COVID-19 Screening Tool for Childcare and Recreational settings in accordance with the Provincial Government Directives and Niagara Regional Public Health

Name of individual being screened: \_\_\_\_\_ Check applicable box:  Child  Staff  Visitor/Service Provider  
Program/Group: \_\_\_\_\_ Time of Arrival: \_\_\_\_\_ Assigned Screener: \_\_\_\_\_

Screening Questions:

**All individuals (participants, staff, visitors, essential service providers) entering the child care space will be denied entry for any single new or worsening symptom not related to a previous condition.**

1. Do any of the following international travel scenarios apply to you? If a child/student is not fully vaccinated but is exempt from federal quarantine because they travelled with a fully vaccinated companion, they must not go to school/child care for 14 days. Select "Yes" if this applies. In the last 14 days:

- you travelled outside of Canada and were told to quarantine
- you travelled outside of Canada and told to not attend school/child care
- someone you live with returned from outside Canada and is isolating while waiting for COVID-19 test results

- No  
 Yes (NO ENTRY)

**Anyone who is sick or has any symptoms of illness, including those not listed below, should stay home and seek assessment from their health care provider if needed.**

2. Do you/your participant or anyone in your household have **two or more** of the following new or worsening symptoms? *Symptoms should not be chronic or related to other known causes or conditions.*

Fever and/or chills (temperature of 37.8 degrees C or greater)	<input type="checkbox"/> No	<input type="checkbox"/> Yes (No Entry)
Cough or barking cough (croup) (more than usual if chronic cough)	<input type="checkbox"/> No	<input type="checkbox"/> Yes (No Entry)
Shortness of Breath – Out of Breath, unable to breathe deeply (not related to asthma/known conditions)	<input type="checkbox"/> No	<input type="checkbox"/> Yes (No Entry)
Decrease or loss of smell or taste	<input type="checkbox"/> No	<input type="checkbox"/> Yes (No Entry)

**If yes and fully vaccinated you must stay home for 5 days and until your symptoms have been improving for at least 24 hours. The 5 days start from the date symptoms began. If you are partially vaccinated, unvaccinated, or immunocompromised: stay home for 10 days. The 10 days start from the date symptoms began.**

3. Do you/your participant or anyone in your household have any of the following new or worsening symptoms? *Symptoms should not be chronic or related to other known causes or conditions*

Runny Nose/Nasal Congestion	<input type="checkbox"/> No	<input type="checkbox"/> Yes (No Entry)
Headache	<input type="checkbox"/> No	<input type="checkbox"/> Yes (No Entry)
Extreme Fatigue	<input type="checkbox"/> No	<input type="checkbox"/> Yes (No Entry)
Sore Throat	<input type="checkbox"/> No	<input type="checkbox"/> Yes (No Entry)
Muscle Aches/Joint Pain (ADULTS ONLY) Unexplained, unusual, or long-lasting (not related to sudden injury, fibromyalgia, or other known causes or conditions)	<input type="checkbox"/> No	<input type="checkbox"/> Yes (No Entry)
Gastrointestinal Symptoms (vomiting or Diarrhea)	<input type="checkbox"/> No	<input type="checkbox"/> Yes (No Entry)

**If only one of these symptoms you must go/stay home. You can return to school/child care if it has been at least 24 hours since your symptoms started improving (48 hours for nausea, vomiting, and/or diarrhea) and as long as you do not develop any additional**

Fort Erie Niagara Falls Niagara-on-the-Lake Pelham Port Colborne St. Catharines Thorold Welland

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symptoms. **If you have two or more** of the following new or worsening symptoms- *If yes and fully vaccinated you must stay home for 5 days and until your symptoms have been improving for at least 24 hours. The 5 days start from the date symptoms began. If you are partially vaccinated, unvaccinated, or immunocompromised: stay home for 10 days. The 10 days start from the date symptoms began.*

*In both cases, all of your household members (regardless of vaccination status) will need to stay home for the duration of this isolation period. If testing is available, you should get tested by taking either: 1 PCR test or 1 rapid antigen test, waiting 24 to 48 hours, and then taking 1 more rapid antigen test. If you had a negative result for the PCR test or for both rapid antigen tests, you can return to school/child care if it has been at least 24 hours since your symptoms started improving (or 48 hours if you had nausea, vomiting, and/or diarrhea).*

4. In the last 5 for fully vaccinated/10 days non-vaccinated, have you tested positive on a rapid antigen test or home-based self testing kit?

- No
- Yes (NO ENTRY)

5. Do any of the following apply?

- You live with someone who is currently isolating because of a positive COVID-19 test
- You live with someone who is currently isolating because of COVID-19 symptoms
- You live with someone who is waiting for COVID-19 test results

Select “No” if the person has not tested positive for COVID-19 and only has one of these symptoms: sore throat or difficulty swallowing, runny or stuffy/congested nose, headache, extreme tiredness, muscle aches or joint pain, nausea, vomiting and/or diarrhea

- No
- Yes (NO ENTRY)

6. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?

- No
- Yes (NO ENTRY)

7. Have you been identified as a “close contact” of someone who currently has COVID-19 and been advised to self-isolate? If public health guidance provided to you has advised you that you do not need to self-isolate, select “No.”

- No
- Yes (NO ENTRY)

Hours of Operation	Contact	Phone
8:30a.m. – 8:30p.m	Public Health COVID Hotline Book an Appointment for Testing	905-688-8248 Press 7; Press 2 905-378-4647 ext. 42819

Signature of Screener: \_\_\_\_\_

Date: \_\_\_\_\_

**Please see following pages for what to do if you have symptoms and are concerned you may have COVID-19. Additionally, what to do if you have been exposed to someone who has tested positive for COVID-19 on a PCR, Rapid molecular, or rapid antigen test.**