

CHECK YOUR CHILD DAILY FOR SYMPTOMS OF COVID-19



Complete this self-assessment daily before sending your child to school, on the school bus, child care or before/after school care,

Before sending your child to school programming, assess your child for NEW, WORSENING or UNEXPLAINED symptoms related to COVID-19. If you are concerned about your child's symptoms, consult your health care provider. If your child has pre-existing symptoms or underlying health conditions, not related to COVID-19, share this information with your school, child care or before and after school programming so they are aware of possible related symptoms.

Do you/the child or any member of your household have any of the following common symptoms of COVID-19:



FEVER
(temperature of 37.8°C or greater)

Yes No



**NEW OR
WORSENING COUGH**

Yes No



**SHORTNESS
OF BREATH**

Yes No



**SORE THROAT OR
DIFFICULTY SWALLOWING**

Yes No



**ALTERED
SMELL OR TASTE**

Yes No



**NAUSEA/VOMITING, DIARRHEA,
ABDOMINAL PAIN**

Yes No



**RUNNY NOSE, OR
NASAL CONGESTION**
(unrelated to seasonal allergies, post nasal drip)

Yes No

Other less common symptoms of COVID-19 can include:

- | | | | | | |
|------------------------------|-----------------------------|---|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tiredness, feeling unwell or muscle aches | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Red/purple discolouration to hands, fingers, feet and/or toes, and skin may peel (COVID-toes) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Worsening of chronic conditions | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Chills | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Increased tiredness/fatigue |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Headaches | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Difficulty feeding in infants |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Croup | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pink eye | | | |

*These symptoms are less common and may occur in children or people living with a developmental disability

In the last 14 days has your child:

Had close contact* with a confirmed or probable COVID-19 case? Yes No

Had close contact* with a person with acute respiratory illness who has been outside Canada, including the United States? Yes No

If you answered yes to any of the symptoms or questions above:

- **Stay home. Your child should not go to school, child care or before and after school programming**
- Seek assessment and testing as early as possible at a COVID-19 Assessment Centre and self-isolate while waiting for result
- If test result is negative, self-isolate for 24 hours after symptom resolution, unless you have been a close contact* of an existing COVID-19 case in which case please follow instructions from the North Bay Parry Sound Public Health and isolate for 14 days since last contact
- If test result is positive or test is not completed, self-isolate for 14 days (including any members of your household or people you had close contact* with from 48 hours before symptom onset) and contact North Bay Parry Sound Public Health at 1-800-563-2608 ext. 6, or the COVID Assessment Centre at 705-746-4540 ext. 5030

Travel

If your child has travelled outside of Canada, including the United States in the last 14 days your child must self-isolate for 14 days. If your child develops symptoms of COVID-19 while in self-isolation, seek assessment and testing at a COVID-19 Assessment Centre.

*A close contact is a person who has been within 2-metres of someone positive for COVID-19 or with symptoms of COVID-19 for greater than ten minutes.