

# 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



**ALTERED  
SMELL OR TASTE**

Yes  No



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

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 | 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 1-844-478-1400, 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.

