



COVID-19 SAFE RETURN TO SCHOOL – MITIGATING THE RISKS #ICARE

Screening Questionnaire: Covid-19 BHS Daily Health Checklist

PARENTS/GUARDIANS/STUDENTS MUST REVIEW THIS CHECKLIST DAILY TO DECIDE IF THE STUDENT SHOULD ATTEND CLASSES AT BHS.

The tool assists with assessing students who may currently have Covid-19 symptoms, or who may have been exposed to someone who is ill or has confirmed Covid-19.

Place the questionnaire on your fridge or by the front door and go through it every morning.

IF ONE ANSWER IS **YES** TO ANY OF THE QUESTIONS, THAT STUDENT MUST NOT COME TO SCHOOL.

Younger children will need a parent to assist them to review the tool effectively.

As the COVID-19 pandemic continues to evolve, this screening tool will be updated as required.

Screening Questions:

1.	Does he/she have any of the following symptoms?		
	Fever	YES	NO
	Cough	YES	NO
	Difficulty breathing	YES	NO
	Sore throat	YES	NO
	Chills	YES	NO
	Painful swallowing	YES	NO
	Runny nose / Blocked nose	YES	NO
	Feeling fatigued	YES	NO
	Nausea / Vomiting / Diarrhea	YES	NO
	Loss of appetite	YES	NO
	Loss of sense of taste or smell	YES	NO
	Muscle / joint ache	YES	NO
	Headache	YES	NO
	Conjunctivitis (pink eye)	YES	NO
2.	Has he/she received a positive PCR test and not isolated for 14 days?	YES	NO
3.	Has he/she had close contact with a confirmed case of Covid-19 in the last 14 days?	YES	NO
4.	Has he/she had close contact with someone who has in turn been in close contact of a confirmed case of Covid-19 in the last 14 days?	YES	NO

Prepared: BHS Medical Team

Source: Government of Alberta - Canada