



Dufferin-Peel
Catholic District
School Board

DPCDSB Student Health Pass

Daily COVID-19 Self-Screening Verification

As part of our efforts to limit the spread of COVID-19, daily active self-screening continues to be a mandatory requirement to attend school. For ELEMENTARY students, this Daily Student Health Pass is to be signed by parents/guardians and brought to school by ELEMENTARY students each day from Monday, January 3, 2022 to Friday, January 14, 2022. **This daily signing is mandatory. Students will not be permitted to attend school without the signed verification.**

Student Name: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

COVID-19 School Screening

Do you have **ONE** or more of the following new or worsening symptoms?



Fever $\geq 37.8^{\circ}\text{C}$ or chills



Muscle aches and/or joint pain (for adults)



Loss of sense of smell or taste



Cough



Shortness of breath



Nausea or vomiting, diarrhea (for children)



Extreme tiredness (for adults)

If you received a COVID-19 vaccination in the last 48 hours and have a mild headache, fatigue, muscle ache and/or joint pain that only began after immunization, and no other symptoms, answer "No" to those questions.

Has a health care provider, public health unit or the COVID Alert app told you that you should currently be self-isolating or staying at home?



In the last 10 days, have you been identified as a "close contact" of someone who has COVID-19? If you are fully vaccinated* or previously positive**, do not have symptoms and have not been told to self-isolate, answer "No".



In the last 14 days, have you travelled outside of Canada AND been advised to quarantine per the federal quarantine requirements?



Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results? If you are fully vaccinated* or previously positive** and you do not have symptoms and have not been directed to self-isolate OR if the person's symptoms are related to receiving their COVID-19 vaccine in the last 48 hours, answer "No".



In the last 10 days, have you tested positive on a rapid antigen test or home-based self-testing kit? If you have since tested negative on a lab-based PCR test, answer "No".



If you answered YES to any of the above questions or are feeling sick or not well, please stay home. If you have symptoms or are a close contact, get tested and/or speak to your healthcare provider.

* **Fully vaccinated** means that you received all required doses of an approved COVID-19 vaccine at least 14 days ago. See our website for more detailed information.

** **Previously positive** means that you had COVID-19 within the past 90 days, you have recovered, and you have completed your isolation period from your initial infection.

If you are immunocompromised, you should continue to follow all standard public health direction, even if you are fully vaccinated or previously positive for COVID-19. If you have questions, speak to your healthcare provider.