

# COVID-19

# Child Care/School Screening Tool

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



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



Not feeling well, tired or sore muscles



Runny or stuffy nose



Cough



Loss of sense of smell or taste



Sore throat, trouble swallowing



Shortness of breath



Nausea or vomiting, diarrhea



Headache

Have you had close contact with a person who is sick with COVID-19 symptoms or has tested positive in the past 14 days?



Have you travelled outside of Canada in the past 14 days?



Have you been told by Peel Public Health to self-isolate at home?



If you answered **YES** to any of these questions, please self-isolate at home and get tested or speak with your health care provider.

For more information visit [peelregion.ca/coronavirus](https://peelregion.ca/coronavirus)

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