

# COVID-19

# Child Care and School Screening Tool

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



Unusual or long-lasting 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 or anyone you live with travelled outside of Canada in the past 14 days? (except for exemptions like cross border essential workers)



Have you been told by Public Health or the COVID-19 Alert app to stay home or self-isolate at home?



If you answered **YES** to any of these questions, please stay home. If you have symptoms or are a close contact, get tested and/or speak with your healthcare provider.

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

