

Screening Questions On-Site & CSA Over the Phone

1. In the last 14 days, have you or someone in your household tested positive for COVID-19, had close contact with a confirmed case of COVID-19, or had contact with someone who is waiting for COVID-19 test results without wearing appropriate PPE?

Please indicate response: Yes No

2. Are you or your child currently experiencing any **new or worsening symptoms** associated with COVID-19? (Symptoms should not be chronic or related to other known causes or conditions.)

Required Screening Symptoms:

- **Fever and chills** (feeling hot to touch, temperatures of 37.8° Celsius/100.0°F or higher)
- **Cough** (more than usual if chronic cough) including croup (barking cough, making a whistling noise when breathing) and is not related to other known causes or conditions (e.g. asthma, reactive airway)
- **Shortness of breath** (dyspnea, out of breath, unable to breathe deeply, wheeze that is worse than usual if chronically short of breath)
- **Decrease or loss of smell or taste** - not related to other known causes or conditions (e.g. nasal polyps, allergies, neurological disorders)

Additional Symptoms:

- **Sore throat** - painful swallowing or difficulty in swallowing not related to other known causes/conditions (e.g. post nasal drip, gastroesophageal reflux)
- **Stuffy nose and/or runny nose** - nasal congestion and/or rhinorrhea and is not related to other known causes (e.g. seasonal allergies, returning inside from the cold, chronic sinusitis unchanged from baseline, reactive airways)
- **Headaches** that are new and persistent, unusual, unexplained or long lasting and is not related to other known causes or conditions (e.g. tension type headaches or chronic migraines)
- **Nausea, vomiting and/or diarrhea** not related to other known causes (e.g. transient vomiting due to anxiety in children, chronic vestibular dysfunction, IBS (irritable bowel syndrome), inflammatory bowel disease, side effect of medication)
- **Fatigue, lethargy, muscle aches or malaise** - general feeling of being unwell, lack of energy, extreme tiredness, poor feeding in infants that is unusual or unexplained, and is not related to known causes or conditions (e.g. depression, insomnia, etc...)
- **Abdominal pain** that is persistent or ongoing - not related to other known conditions (e.g. menstrual cramps, gastroesophageal reflux disease)
- **Myalgias** (muscle aches and pain) that are unexplained, unusual or long lasting not related to known causes or conditions
- **Pneumonia** (clinical or radiological)
- **Conjunctivitis** (pink eye)

For children & infants:

- **Delirium**
- **Decreased lack of appetite or difficulty in feeding** (if no other diagnosis)
- **Unexplained tachycardia (rapid heartbeat), decrease in blood pressure, unexplained hypoxia (region of body not getting enough oxygen supply)** – not related to known causes or conditions
- **Multisystem inflammatory vasculitis** (presents as: persistent fever (for 3 or more days) and two or more of the following: rash or bilateral non-purulent conjunctivitis or mucocutaneous inflammation signs (oral, hands or feet), hypertension, acute gastrointestinal symptoms (diarrhea, vomiting or abdominal pain)

Please indicate response: Yes No

3. Has you or your child been directed by a health care provider including public health officials to isolate?

Please indicate response: Yes No

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

Please indicate response: Yes No

Note: If you have answered “yes” to any of the questions, you may not be permitted to enter a KidsAbility site. Please stay home and we will be happy to reschedule your appointment.

I acknowledge that I have answered “no” to the above screening questions.

Date: _____ Child's Name: _____

Guardian Name: _____ Guardian Signature: _____