

**Daily Fit for In-Class Attendance Pre-Screening Questionnaire - STUDENT**

We require you to fill out the below questionnaire to assist in determining your fitness to attend St. Joseph the Worker School during the COVID-19 pandemic to provide a safe environment for staff and students.

The information in this questionnaire is collected under the authority of PIPA and will be used and disclosed solely for the purposes of determining fitness for entering into the school during the COVID-19 pandemic.

Ensure at all times you are following protocols for hand hygiene and also remember to clean your keys, phone, computers and other personal items prior to entering into the school.

The questionnaire intends to identify **new** symptoms or **worsening** of symptoms that are not related to allergies, chronic or pre-existing conditions. Those with symptoms related to pre-existing conditions or allergies can still enter the school.

(Parents - please enter the name of your child and provide your signature)

**Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Risk Assessment: Screening Questions**

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| --- | --- | --- | --- |
| 1. | Does your child have any of the following symptoms: fever, cough, shortness of breath, difficulty breathing, sore throat, and/or runny nose? | Yes | No |
| 2. | Has your child returned to Canada from outside the country (including USA) in the past 14 days? | Yes | No |
| **If you answer “YES” to any of the above, your child is not permitted to enter into the school and you must self-isolate.** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **In the past 14 days while not wearing appropriate personal protective equipment:** | | | |
| 3. | Did you or your child have close contact\* with someone who has a probable\*\* or confirmed case of COVID-19? | Yes | No |
| 4. | Did you or your child have close contact\* with a person who had acute respiratory illness that started within 14 days of their close contact\* to someone with a probable\*\* or confirmed case of COVID-19? | Yes | No |
| 5. | Did you or your child have close contact\* with a person who had acute respiratory illness who returned from travel outside of Canada in the 14 days before they became sick? | Yes | No |
| 6. |
| **If you answer “YES” to questions 3-6 your child is still permitted to enter into the school. We recommend that increased diligence is placed on monitoring you and your child for COVID-19 symptoms.** | | | |

**Please share your completed questionnaire with the screener.**

**If you answered YES to any of the above questions,** please go to <https://bc.thrive.health> and complete the Self-Assessment tool to determine your need for COVID-19 testing. Please follow up with the Principal as to your return to school procedures.

**If you answer “NO” to all of the above, you are able to attend a St. Joe’s Social Day on June 22/23/24 2020.**