

CHECK YOUR CHILD DAILY FOR SYMPTOMS OF COVID-19

Complete this self-assessment daily before sending your child to day camp, child care or school settings

Child name: _____ Child temperature: _____ Date: _____

Before sending your child to day camp, child care or school settings, assess your child for **NEW, WORSENING** or **UNEXPLAINED** symptoms related to COVID-19. If you are concerned about your child's symptoms, consult your health care provider.

Do you/the child or any member of your household have any of the following common symptoms of COVID-19:



FEVER
(temperature of 37.8°C or greater)

Yes No



NEW OR WORSENING COUGH

Yes No



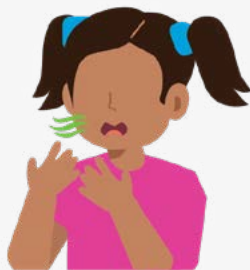
SHORTNESS OF BREATH

Yes No



SORE THROAT OR DIFFICULTY SWALLOWING

Yes No



ALTERED SMELL OR TASTE

Yes No



NAUSEA/VOMITING, DIARRHEA, ABDOMINAL PAIN

Yes No



RUNNY NOSE, OR NASAL CONGESTION
(unrelated to seasonal allergies, post nasal drip)

Yes No

STAY INFORMED.

Visit york.ca/covid19

1-800-361-5653

75 Last Updated August 26, 2020

Other less common symptoms of COVID-19 can include:

- | | | | | | |
|------------------------------|-----------------------------|---|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tiredness, feeling unwell or muscle aches | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Red/purple discolouration to hands, fingers, feet and/or toes, and skin may peel (COVID-toes) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Worsening of chronic conditions | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Chills | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Headaches | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Increased tiredness/fatigue |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Croup | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Difficulty feeding in infants |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pink eye | | | |

* these symptoms are less common and may occur in children or people living with a developmental disability

For an up-to-date list of all symptoms, visit york.ca/covid19

If your child has underlying health conditions, share this information with your day camp, child care centre or school so they are aware of possible related symptoms.

In the last 14 days has your child:

- | | | |
|--|------------------------------|-----------------------------|
| Travelled outside of Canada, including the United States? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Had close contact with a confirmed or probable COVID-19 case? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Had close contact with a person with acute respiratory illness who has been outside Canada, including the United States? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If your child has new, worsening or unexplained symptoms related to COVID-19:

- Do not enter and return home immediately
- Seek assessment and testing as early as possible at a COVID-19 Assessment Centre and self-isolate while waiting for result
- If test result is negative, self-isolate for 24 hours after symptom resolution, unless you have been a close contact of an existing COVID-19 case in which case please follow instructions from York Region Public Health and isolate for 14 days since last contact
- If test result is positive or test is not completed, self-isolate for 14 days (including any members of your household or people you had close contact with from 48 hours before symptom onset) and contact York Region Public Health
- If parents/guardians have symptoms of COVID-19, do not enter the child care, day camp or school and seek assessment and testing at a COVID-19 Assessment Centre and self-isolate while waiting for result