



## OAKWOOD ACADEMY

# COVID-19 FAMILY SCREENING FORM

Oakwood is committed to keeping our community's health and safety our top priority. Part of our Health and Safety policies includes families complete this screening form prior to your child's entrance each day. If we do not receive this completed screening form **before 8:00am**, your child will not be permitted to attend school or sessions.

Student's Name (Last, First):

Date of Birth:        /        /  
                         MM        DD        YYYY

1. Does your child have ANY of the following new or worsening COVID-19 symptoms?\*

- |   |     |    |
|---|-----|----|
| a. Fever (37.8C or higher) and/or chills        | Yes | No |
| b. Cough or barking cough                       | Yes | No |
| c. Shortness of breath                          | Yes | No |
| d. Decrease or loss of taste or smell           | Yes | No |
| e. Sore throat or difficulty swallowing         | Yes | No |
| f. Runny or stuffy/congested nose               | Yes | No |
| g. Headache that is unusual or long lasting     | Yes | No |
| h. Nausea, vomiting or diarrhea                 | Yes | No |
| i. Unusual or extreme tiredness or muscle aches | Yes | No |

2. Has your child or anyone residing with your child travelled outside of Ontario in the past 14 days?

Yes                      No

3. Has your child or anyone residing with your child been identified as a close contact of someone who is confirmed as having COVID-19 by your local public health unit?

Yes                      No

4. Has your child or anyone residing with your child been told by a health care provider, including public health official, to isolate or stay home?

Yes                      No

5. Has your child or anyone residing with your child had close contact with anyone with COVID-19 symptoms in the last 14 days who has not been tested or is awaiting COVID-19 test results?

Yes                      No

6. I agree to follow the guidelines outlined in Oakwood's Health & Safety policies and procedures.\*\*

I agree

I certify that the above information is true to the best of my knowledge.

Today's Date:

Parent/Guardian Name & Signature:

Submit this form to [hs@oakwoodacademy.ca](mailto:hs@oakwoodacademy.ca)



\*\*As of April 3, 2021: limit close contact to your household (the people you live with) and stay at least 2 metres apart from everyone else. If you require close contact to those outside of your household, Ontario Screening measures should be practiced- <https://covid-19.ontario.ca/self-assessment/>

## Results of Screening Questions:

If you answered **YES** to any of the symptoms included under Question 1:

- Your child should stay home to isolate immediately and be tested for COVID-19.
- Contact your child's health care provider if you are unsure if testing or another treatment is needed.

If you answered **YES** to Question 2:

- Your child should remain in isolation until the end of the 14-day quarantine after return to Ontario. Test if any COVID-19 symptom develops.

If you answered **YES** to Question 3:

- Your child should isolate for 14 days after last exposure to the COVID-19 case or as directed by Public Health. Follow Public Health's guidance for testing.

If you answered **YES** to Question 4:

- Your child should isolate or stay home for the recommended period of time by Public Health, even if the individual has tested negative.

If you answered **YES** to Question 5:

- Your child should isolate until the person with COVID-19 symptoms in the household receives a negative test or an alternative diagnosis by a health care provider.