



COVID-19 SCREENING QUESTIONS



Hamilton-Wentworth
Catholic District School Board

Believing, Achieving, Serving

Do you or your child or any member of your household have any of the following symptoms?

- Fever (37.8C Or Higher)
- New/Worsening Cough
- Shortness of Breath
- Sore Throat
- Difficulty Swallowing
- Loss of Taste or Smell
- Nausea/Vomiting, Diarrhea, Abdominal Pain
- Runny Nose, or Nasal Congestion (In the absence of underlying reasons such as Seasonal Allergies, Nasal Drip, Etc.)
- Unexplained Fatigue/Malaise/Myalgia
- Chills
- Headache
- Conjunctivitis (Pink Eye)
- Lethargy/Difficulty Feeding in Infants

Have you had contact with anyone with acute respiratory illness who has travelled outside of Canada in the last 14 days?

Have you had close contact with someone who has been diagnosed with COVID-19 or had close contact with a confirmed case of COVID-19 without wearing appropriate PPE in the last 14 days?

If you answered YES to any of these DO NOT enter.

Your child cannot be permitted to enter to ensure the safety of everyone.
Contact your health care provider as well as Public Health at **905-974-9848, option 2.**