

# TDSB Student Health Pass

The most important thing families can do to help slow the spread of COVID-19, is to screen their children daily for symptoms of COVID-19 and also follow the circumstances in which they should stay home.

Review this COVID-19 checklist daily with your child. Sign\* below each day to confirm that your child, or anyone else in the household, does not have any symptoms or have other exposure to COVID-19. We all have a role in keeping our schools safe and healthy.

Student Name : \_\_\_\_\_

|             |                  |             |                  |
|-------------|------------------|-------------|------------------|
| Date: _____ | Signature: _____ | Date: _____ | Signature: _____ |
| Date: _____ | Signature: _____ | Date: _____ | Signature: _____ |
| Date: _____ | Signature: _____ | Date: _____ | Signature: _____ |
| Date: _____ | Signature: _____ | Date: _____ | Signature: _____ |
| Date: _____ | Signature: _____ | Date: _____ | Signature: _____ |
| Date: _____ | Signature: _____ | Date: _____ | Signature: _____ |
| Date: _____ | Signature: _____ | Date: _____ | Signature: _____ |
| Date: _____ | Signature: _____ | Date: _____ | Signature: _____ |
| Date: _____ | Signature: _____ | Date: _____ | Signature: _____ |

*\* Parent/Guardian of Kindergarten to Grade 8 students to sign. High school and adult students can sign themselves.*





# COVID-19 Screening for children/students

Please complete before entering the child care/JK-12 school setting.

Updated October 5, 2021

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## 1. Does the child/student have any of the following new or worsening symptoms?



Fever > 37.8°C  
and/or chills

Yes ☐ No ☐



Cough

Yes ☐ No ☐



Difficulty breathing

Yes ☐ No ☐



Decrease or loss of  
taste/smell

Yes ☐ No ☐



Nausea, vomiting  
or diarrhea

Yes ☐ No ☐

- If the child/student has a health condition diagnosed by a health care provider that gives them the symptom, select "No". If the symptom is new, different or getting worse, select "Yes".
- Anyone who is sick or has any symptoms of illness, including those not listed above, should stay home and seek assessment from their health care provider if needed.

**If "YES" to  
any symptom:**



Stay home  
& self-  
isolate



Get  
tested with  
a PCR test

**Or**



Contact a  
health care  
provider

## 2. Does anyone in your household have one or more COVID-19 symptoms and/or are waiting for test results after experiencing symptoms?

Yes ☐

No ☐

- If the child/student is fully vaccinated\* or has tested positive for COVID-19 in the last 90 days and been cleared, select "No".

## 3. In the last 10 days, has the child/student tested positive on a rapid antigen test or a home-based self-testing kit?

Yes ☐

No ☐

- If they have since tested negative on a lab-based PCR test, select "No".

## 4. Has the child/student been notified as a close contact of someone with COVID-19 or been told to stay home and self-isolate?

Yes ☐

No ☐

- If the child/student is fully vaccinated\* or has tested positive for COVID-19 in the last 90 days and been cleared or public health has said the child/student does not have to self-isolate, select "No".

## 5. In the last 14 days has the child/student travelled outside of Canada AND been advised to quarantine per the [federal quarantine requirements](#) OR was told not to attend school/child care?

Yes ☐

No ☐

**If "YES" to  
questions 2,3,4 or 5:**



Stay home  
& self-isolate



Follow public  
health advice



\* Fully vaccinated means 14 days or more after getting a second dose of a two dose COVID-19 series or as defined by the Ontario Ministry of Health

