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 any COVID-19 symptoms and keep them home from school if they are sick or have had close contact with anyone diagnosed with COVID-19.

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

| Student Name : | |
|----------------|------------|
| Date: | Signature: |

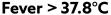
^{*} Parent/Guardian of Kindergarten to Grade 8 students to sign. High school and adult students can sign themselves.



STOP COVID-19 Please complete before entering the school.

1. Does your child have any of the following new or worsening symptoms?*







Cough



Difficulty breathing



Loss of taste or smell

If "YES": Stay home, self-isolate & get tested or contact your child's health care provider.

2. Does your child have any of the following new or worsening symptoms?*



Sore throat, painful swallowing



Stuffy/runny nose



Headache



Nausea, vomiting, diarrhea



Feeling unwell, muscle aches, feeling tired

If "YES" to 1 symptom:

- Stay home for 24 hours from when symptom started.
- If improving in 24 hours, can return to school.
 No test needed.
- If not improving, or getting worse, self-isolate & get tested.

If "YES" to 2 or more symptoms:

 Stay home, self-isolate & get tested or contact your child's health care provider.

3. Has your child travelled outside of Canada in the past 14 days?

| Yes | | No |
|-----|--|----|
|-----|--|----|

4. Has your child been identified as a close contact of someone with COVID-19?

| Yes N | lc |
|-------|----|
|-------|----|

5. Has your child been instructed to stay home and self-isolate?

| | _ | |
|-----|----------|----|
| □ γ | 6 | No |

If you answered "YES" to questions 3, 4 or 5:

Your child must stay home, self-isolate & follow the advice of public health.

*Children who have an existing health condition identified by a health care provider that gives them the symptoms should not answer YES, unless the symptom is **new**, **different** or **getting worse**. Look for changes from your child's normal symptoms.

