

TDSB Staff Health Pass

The most important thing we can do to help slow the spread of COVID-19, is to check for COVID-19 symptoms daily and stay home if you are sick or have had close contact with anyone diagnosed with COVID-19. Review this COVID-19 checklist daily and sign below each day to confirm that you do not have any symptoms or have had other exposure to COVID-19.

We all have a role in keeping our schools safe and healthy.

Name : _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

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Date: _____ Signature: _____





COVID-19

Please complete before beginning your work today.

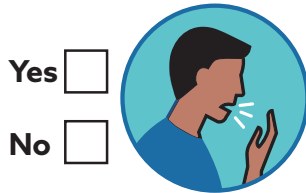
1.) Do you have any of the following new or worsening symptoms or signs?*



Yes

No

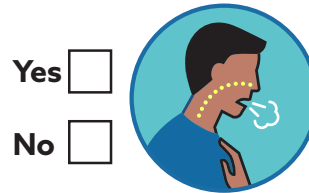
Fever or chills



Yes

No

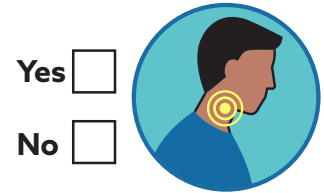
Cough



Yes

No

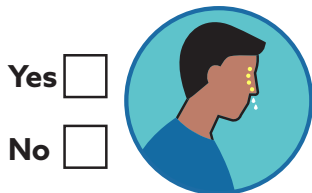
Difficulty breathing or shortness of breath



Yes

No

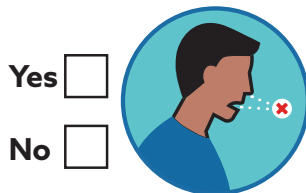
Sore throat, trouble swallowing



Yes

No

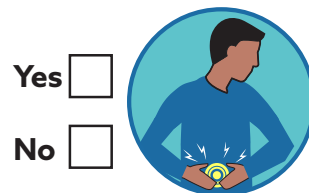
Runny/stuffy nose



Yes

No

Decrease or loss of taste or smell



Yes

No

Nausea, vomiting, diarrhea



Yes

No

Not feeling well, extreme tiredness, sore muscles

2.) Have you had close contact with a confirmed or probable case of COVID-19 without wearing appropriate PPE? Yes No

3.) Have you travelled outside of Canada in the past 14 days? Yes No

* If you have an existing health condition that gives you the symptoms you should not answer YES, unless the symptom is new, different or getting worse. Look for changes from your normal symptoms.

If you answered YES to any of these questions, go home & self-isolate. Call Telehealth or your health care provider, to find out if you need a test.

If you answered NO to all of these questions, you have passed and can go to work/attend your activity.

The following questions are used to screen for COVID-19 before entry into a workplace (business or organization) as per Ontario Regulation 364/20. They can also be used for other activities.