

Appendix B: Daily Screening Questionnaire

Dear parent or guardian, so we can assess our ability to care for your child today, please fill out this questionnaire to determine if your child can attend today.

1.	Do you, or your child attending today, have any of the following symptoms?	CIRCLE ONE	
	• Fever	YES	NO
	• Cough	YES	NO
	• Shortness of breath or difficulty breathing	YES	NO
2.	Have you, or anyone in your household, travelled outside of Yukon in the past 14 days?	YES	NO
3.	Have you, or anyone in your household, been in contact in the last 14 days with someone who is currently being investigated for or confirmed to have COVID-19?	YES	NO
4.	In the past 14 days before your symptoms, did you have close contact with someone who had symptoms of COVID-19 within the 14 days of their return from travel?	YES	NO
5.	Have you, or anyone in your household, been instructed to self-isolate?	YES	NO

If you answered “yes” to any of the above questions, DO NOT enter at this time.

If you have recently developed any of these symptoms, please call 811 or visit:

<https://service.yukon.ca/en/covid-19-self-assessment/> to do a self-assessment to see if you require testing.

If you have answered “no” to all the above questions, please sign in.

Be sure to practise good hand hygiene (use hand sanitizer or wash hands with soap and water for at least 20 seconds) before entering and leaving the facility.

Our goal is to minimize the risk of illness to you, your children and family and our staff. We thank you for your cooperation and understanding.

Name: _____ Signature: _____

Date: _____