

# Risk Assessment Screening Questionnaire

Active symptoms screening for parents and children must occur every morning, using the tool below. Child care staff must review the tool with the parent each morning when children are dropped off.

Name

Question	Yes	No
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**Do you, other members of your household, or your child attending the program, have any of the below symptoms:**

Fever > 38C or subjective fever		
Cough		
Shortness of Breath / Difficulty Breathing		
Sore Throat		
Runny Nose / Nasal Congestion		
Poor feeding if an infant		
Other symptoms such as muscle aches, fatigue, headache, loss of smell and/or diarrhea?		

Have you been in contact in the last 14 days with someone that is confirmed to have COVID-19?		
Have you had laboratory exposure while working directly with specimens known to contain COVID-19?		
Have you travelled outside Manitoba in the last 14 days, excluding personal travel to border communities?		
Have you been in a large group setting in Manitoba in the last 14 days where someone has been confirmed to have COVID-19, such as a flight, or a large meeting or event?		
Have you had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with respiratory symptoms?		
Has your child been given any medication today (including fever reduction medications)?		

If the answer is yes to any of the above questions, the person must not enter the facility at this time.

If the answer is yes to questions 2 to 4, public health officials have directed them to self-isolate for 14 days. If they are symptomatic [e.g., have respiratory symptoms] refer to Health Links-Info Santé for further direction.

If the answer is yes to questions 5 and 6, public health officials have directed them to self isolate for 14 days from the onset of symptoms. If the answer is no to all the above questions, children may enter.

Signature: \_\_\_\_\_

Witness signature: \_\_\_\_\_