

# CHECK YOUR CHILD DAILY FOR SYMPTOMS OF COVID-19

## Complete this self-assessment daily before sending your child to school, child care or before/after school care

Before sending your child to school, child care or before and after school programming, assess your child for NEW, WORSENING or UNEXPLAINED symptoms related to COVID-19. If you are concerned about your child's symptoms, consult your health care provider. If your child has pre-existing symptoms or underlying health conditions, not related to COVID-19, share this information with your school, child care or before and after school programming so they are aware of possible related symptoms.

### Do you/the child or any member of your household have any of the following common symptoms of COVID-19:

 <p><b>FEVER</b> (temperature of 37.8°C or greater)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	 <p><b>NEW OR WORSENING COUGH</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	 <p><b>SHORTNESS OF BREATH</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	 <p><b>SORE THROAT OR DIFFICULTY SWALLOWING</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
 <p><b>ALTERED SMELL OR TASTE</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	 <p><b>NAUSEA/VOMITING, DIARRHEA, ABDOMINAL PAIN</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	 <p><b>RUNNY NOSE, OR NASAL CONGESTION</b> (unrelated to seasonal allergies, post nasal drip)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

### STAY INFORMED.

Visit [york.ca/covid19](http://york.ca/covid19)

1-800-361-5653

75 Last Updated September 10, 2020

## Other less common symptoms of COVID-19 can include:

- |                              |                             |   |                              |                             |   |
|------------------------------|-----------------------------|---|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tiredness, feeling unwell or muscle aches | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Red/purple discolouration to hands, fingers, feet and/or toes, and skin may peel (COVID-toes) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Worsening of chronic conditions           |                              |                             |   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Chills                                    |                              |                             |   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Headaches                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Increased tiredness/fatigue   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Croup                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Difficulty feeding in infants   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pink eye                                  |                              |                             |   |

\*These symptoms are less common and may occur in children or people living with a developmental disability

**For an up-to-date list of all symptoms, visit [york.ca/covid19](https://york.ca/covid19)**

## In the last 14 days has your child:

Had close contact\* with a confirmed or probable COVID-19 case?  Yes  No

Had close contact\* with a person with acute respiratory illness who has been outside Canada, including the United States?  Yes  No

## If you answered yes to any of the symptoms or questions above:

- **Stay home. Your child should not go to school, child care or before and after school programming**
- Seek assessment and testing as early as possible at a COVID-19 Assessment Centre and self-isolate while waiting for result
- If test result is negative, self-isolate for 24 hours after symptom resolution, unless you have been a close contact\* of an existing COVID-19 case in which case please follow instructions from York Region Public Health and isolate for 14 days since last contact
- If test result is positive or test is not completed, self-isolate for 14 days (including any members of your household or people you had close contact\* with from 48 hours before symptom onset) and contact York Region Public Health

## Travel

If your child has travelled outside of Canada, including the United States in the last 14 days your child must self-isolate for 14 days. If your child develops symptoms of COVID-19 while in self-isolation, seek assessment and testing at a COVID-19 Assessment Centre.

\*A close contact is a person who has been within 2-metres of someone positive for COVID-19 or with symptoms of COVID-19 for greater than ten minutes.