

**St. Alphonsus School Covid-19 Screening Questionnaire**

**Purpose:** this tool is intended to assist staff in determine if a student can get on the school bus or enter the school. This screening tool is intended to assist in decision making, it is not a medical diagnosis or clinical judgement.

**Risk Assessment: Initial Screening Questions**

|  |  |  |  |
| --- | --- | --- | --- |
| **A** | **Do you have of 1 of the below symptoms?**  |  |  |
|   Fever > 38°C or subjective fever/ chills  | **Yes**  | **No**  |
|   Cough  | **Yes**  | **No**  |
|   Sore throat/ hoarse voice  | **Yes**  | **No**  |
|   Shortness of breath/breathing difficulties  | **Yes**  | **No**  |
|   Loss of taste or smell  | **Yes**  | **No**  |
|   Vomiting, or diarrhea for more than 24 hours  | **Yes**  | **No**  |
|   |  |  |
|    **B**     | **Do you have 2 or more of any of the below symptoms?**  |   |
|   Runny nose  | **Yes**  | **No**  |
|   Muscle aches  | **Yes**  | **No**  |
|   Nausea or loss of appetite | **Yes**  | **No**  |
|   Pink Eye  | **Yes**  | **No**  |
|   Headache  | **Yes**  | **No**  |
|   Skin rash of unknown cause  | **Yes**  | **No**  |
|    | **Yes**  | **No**  |
| If screen positive for one symptom listed in A or two symptoms in B, consider symptomatic.  |
|   **C** | **Have you been in contact in the last 14 days with someone that is confirmed to have COVID-19?**  | **Yes**  | **No**  |
| Have you travelled **outside of Manitoba** in the last 14 days?  | **Yes**  | **No**  |

**Advice:**

* **If a student screens yes for A**, direct them to stay at home and call the school if they have further questions.
* **If a student screens yes for two or more symptoms in B**, direct them to stay at home and call the school if they have further questions
* **If a student screens yes to any questions in C,** direct them to stay at home and call the school if they have further questions.