

**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**

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| --- | --- | --- | --- |
| **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.