

ZWIĄZEK HARCERSTWA POLSKIEGO, OKRĘG KANADA

Polish Scouting Association in Canada
L'Association des Scouts Polonais au Canada

Schedule B: Self Assessment Screening Checklist

Polish Scouting Association Members/Participants/Parents/Guardians must use this checklist **before** participating in any and every scouting activity to decide whether an individual should attend.

***If you answer YES to any of the below questions, do not attend any scouting activities, and follow local health guidelines.**

1. In the last 14 days, has the child travelled outside of Canada? If exempt from quarantine requirements (for example, an essential worker who crosses the Canada-US border regularly for work), select “No.”

Yes No

2. Has a doctor, health care provider, or public health unit told you that the child should currently be isolating (staying at home)? This can be because of an outbreak or contact tracing.

Yes No

3. In the last 14 days, has the child been identified as a “close contact” of someone who currently has COVID-19?

Yes No

4. In the last 14 days, has the child received a COVID Alert exposure notification via any contact tracing apps/software? If they already went for a test and got a negative result, select “No.”

Yes No

5. Is the student/child currently experiencing any of these symptoms? Choose any/all that are new, worsening, and not related to other known causes or conditions they already have.

Fever and/or chills

Yes No

Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher

Cough or barking cough (croup)

Yes No

Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, or other known causes or conditions they already have)

Shortness of breath

Yes No

Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions they already have)

Decrease or loss of taste or smell

Yes No

Not related to seasonal allergies, neurological disorders, or other known causes or conditions they already have

Sore throat or difficulty swallowing

Yes No

Painful swallowing (not related to seasonal allergies, acid reflux, or other known causes or conditions they already have)

Runny or stuffy/congested nose

Yes No

Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions they already have

Headache

Yes No

Unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions they already have)

Nausea, vomiting and/or diarrhea

Yes No

Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions they already have.

Extreme tiredness or muscle aches

Yes No

Unusual, fatigue, lack of energy, poor feeding in infants (not related to depression, insomnia, thyroid dysfunction, sudden injury, or other known causes or conditions they already have)

6. Is someone that the child lives with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms? Yes No

Adapted from: COVID-19 school and childcare screening Version 4: February 24, 2021
Ministry of Health | Ministry of Education
Ontario, Canada