

Executive Director: Mr. C. Kleisinger, B.Ed., B.A., M.A.
Principal: Ms. T. Cote, B.Ed., M.Ed.

Daily Screening Questionnaire for COVID-19

Parents / Guardians / Students / Staff must use this risk assessment each day to decide if you should enter a school or any Regina Catholic School Division facility.

Do you, or your child attending school, have any of the following symptoms:	Check one	
• Fever	<input type="radio"/> YES	<input type="radio"/> NO
• Cough	<input type="radio"/> YES	<input type="radio"/> NO
• Shortness of Breath / Difficulty Breathing	<input type="radio"/> YES	<input type="radio"/> NO
• Sore throat	<input type="radio"/> YES	<input type="radio"/> NO
• Chills	<input type="radio"/> YES	<input type="radio"/> NO
• Painful swallowing	<input type="radio"/> YES	<input type="radio"/> NO
• Runny Nose/Nasal Congestion	<input type="radio"/> YES	<input type="radio"/> NO
• Feeling unwell / Fatigued	<input type="radio"/> YES	<input type="radio"/> NO
• Nausea/Vomiting/Diarrhea	<input type="radio"/> YES	<input type="radio"/> NO
• Unexplained loss of appetite	<input type="radio"/> YES	<input type="radio"/> NO
• Loss of sense of taste or smell	<input type="radio"/> YES	<input type="radio"/> NO
• Muscle/Joint aches	<input type="radio"/> YES	<input type="radio"/> NO
• Headache	<input type="radio"/> YES	<input type="radio"/> NO
• Conjunctivitis (Pink Eye)	<input type="radio"/> YES	<input type="radio"/> NO
Has the person attending the school/facility/activity travelled outside of Canada in the last 14 days?	<input type="radio"/> YES	<input type="radio"/> NO
Have you/your child had close unprotected* contact with someone who has travelled outside of Canada in the last 14 days and who is ill** ? (face-to-face contact within 2 meters/6 feet)	<input type="radio"/> YES	<input type="radio"/> NO
Have you/your child attending the school/facility/activity had close <u>unprotected*</u> contact in the last 14 days with someone who is ill** ? (face-to-face contact within 2 meters/6 feet)	<input type="radio"/> YES	<input type="radio"/> NO
Have you/your child or anyone in your household been in close <u>unprotected*</u> contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	<input type="radio"/> YES	<input type="radio"/> NO

* **unprotected** means close contact without a mask or other appropriate personal protective equipment (PPE)

** **ill** means someone with COVID-19 symptoms listed above

If you have answered “**Yes**” to any of the above questions, please **DO NOT** enter the school/facility at this time. You should stay home and use the [Saskatchewan COVID-19 Self-Assessment](#) or call the **HealthLine 811**. Please seek testing as soon as possible if you have any symptoms. A negative test will allow your child to return to school.

If you have answered “**No**” to all of the questions above, you may attend school.