



COVID-19 SELF-SCREENING QUESTIONNAIRE

1. Does your child(ren) present any new or worsening symptoms related to COVID-19?

cough
shortness of breath
difficulty breathing
fever
chills
sore throat

runny nose/sneezing/congestion
headache
muscle aches
unusual fatigue
acute loss of sense of smell or taste



2. Has your child(ren) been outside of the Atlantic provinces in the last 14 days?

3. Has your child(ren) had close contact with a person under investigation for COVID-19 or a confirmed COVID-19 case?

4. Is there anyone in your home that is required to self-isolate?

If you answered **YES** to any of the above questions, please **DO NOT** send your child(ren) to school and contact Mrs. Natalie MacNeill (nmacneill@gcspei.ca) for further direction.