



# COVID-19 SELF-SCREENING QUESTIONNAIRE

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



- 1** Does your child(ren) present any new or worsening symptoms related to COVID-19?
- 2** **Have you or your child(ren) travelled outside of PEI in the last 14 days?**
- 3** Have you or 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](mailto:nmacneill@gcspei.ca)) for further direction.