

KSOA COVID Screening Questionnaire

Please print, complete for your child and send with your child each day of Summer Art Camp.

Do you suffer from severe difficulty in breathing?

Do you have shortness of breath?

Do you have a high fever (>37.8 C)?

Do you have a cough that is new or worsening?

Do you have a runny or stuffy/congested nose (other than seasonal allergies)?

Do you feel extreme fatigue?

Have you travelled outside of the Province within the past 14 days?

Have you received notice from Public Health to self-isolate because of close contact?

Has anyone in your household been diagnosed with COVID 19 or does anyone in your household have symptoms of COVID 19?

If you answered yes to any of the above, please do not enter the KSOA, and we suggest that you contact a doctor or telehealth re having a test for COVID-19. Telehealth: 1-866-797-000.

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Child's Name: _____

No to all of the above.

Parent/Guardian Name: _____

Date & Initial: _____