



Orde Day Care

18 Orde Street Toronto, ON M5T 1N7 416.598.3412 fax 416.598.3625

132 St. Patrick Street Toronto, ON M5T 1V1 416.591.0040 fax 416.595.9916

Child/Family Health Screening Form Dec 2020

Name of child:	Room:	Date of the week:
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All questions below answered with a YES will deny admittance to the daycare.

		Monday		Tuesday		Wednesday		Thursday		Friday	
		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1.	Does the child have any one of the following new or worsening symptoms? <ol style="list-style-type: none"> 1. Fever/feverish/chills (temp greater than 37.8 or greater with ear, oral thermometer 37.4 C with infrared thermometer) 2. Cough, or worsening chronic cough, including croup (more than usual if chronic) 3. Shortness of breath (dyspnea, out of breath, unable to breathe deeply, wheeze, worse than usual if chronically out of breath) 4. Decrease or loss of sense of taste or smell (new olfactory or taste disorder) 5. Sore throat (painful swallowing or difficulty swallowing) 6. Stuffy and or runny nose/nasal congestion without other known cause? 7. Headache that is new and persistent, unusual, unexplained, or long lasting? 8. Nausea/vomiting and/ or diarrhea not related to other known causes or conditions. 9. Fatigue/malaise/muscle aches/lethargy (general feeling of being unwell, lack of energy, extreme tiredness, poor feeding in infants) not related to know causes or conditions. 										
2.	Is there a child or sibling in your household who has one or more of the above listed symptoms?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
3.	Have you/the child travelled outside of Canada, within the last 14 days?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
4.	Has your child been identified as a close contact of someone who is confirmed as having COVID-19 by your local public health unit (or from the COVID-19 app if they have their own phone)?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
5.	Has your child been directed by a health care provider including a public health official to self isolate?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
6.	Has the child been given fever reducing medication in the last 5 hours?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
7.	We require you to pick up your child if they are ill within 1 hour of calling. Is this a problem? If so, please provide the name of the person we may call if you cannot make this time line: If no person is available child will not be allowed into the daycare.	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO

Temperature readings will be taken and recorded on this form by our staff prior to a child's entry into our program and throughout the day. **(Note: Fever is 37.4 C and above using infrared)**

Temperature	Monday	Tuesday	Wednesday	Thursday	Friday
Child's Temperature					
Parent's Temperature					



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Staff Initials					
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