



SAFE RETURN TO SCHOOL

A Public Health Toolkit for Windsor and Essex County

Daily Screening Questionnaire for Staff Before Reporting to Work

1.	Do you have any of the following new or worsening symptoms?	Circle One	
		YES	NO
	• Fever (37.8 C or greater)	YES	NO
	• New or worsening cough	YES	NO
	• Shortness of Breath / Difficulty Breathing	YES	NO
	• Sore throat (not related to allergy or known condition)	YES	NO
	• Chills	YES	NO
	• Difficulty swallowing	YES	NO
	• Runny Nose / Nasal Congestion (in absence of underlying reason for this such as seasonal allergies, post nasal drip, etc.)	YES	NO
	• Feeling unwell / Fatigued/malaise	YES	NO
	• Nausea / vomiting, diarrhea , abdominal pain	YES	NO
	• Unexplained loss of appetite	YES	NO
	• Loss of sense of taste or smell	YES	NO
	• Muscle/ Joint aches (unusual or long lasting)	YES	NO
	• Headache (long lasting or unusual)	YES	NO
	• Conjunctivitis (Pink Eye)	YES	NO
2.	Have you or anyone in your household had close contact (face-to-face contact within 2 metres) with anyone with a respiratory illness or confirmed case of COVID-19 in the past 14 days?	YES	NO
3.	Has anyone in your household, returned from travel outside of Canada in the last 14 days? (This does not include cross-border commuters travelling daily (not including overnight stays) who live in your household).	YES	NO
4.	Have you returned from travel outside of Canada in the last 14 days?	YES	NO

- If you have answered “NO” to all questions, you may report to work.
- If you have answered “YES” to any of part of Question 1, please DO NOT report to work at this time. Please remain home and use the [COVID-19 Self-Assessment Tool](#) to determine whether a COVID-19 test or medical attention is required.
- If you have answered “NO” to Question 1, but “YES” to question 2, please DO NOT report to work at this time. Complete the [COVID-19 Self-Assessment Tool](#) to determine whether a COVID-19 test is needed or medical care is required. Based on the exposure, the staff member may be permitted to report to work only as directed by a primary care provider.
- If you have answered “NO” to Question 1 and Question 2, but “YES” to Question 3, the staff member may report to work on the advice of a primary care provider provided they are continually monitoring for symptoms related to COVID-19. The household traveller must also isolate from other individuals in the household as much as possible for the duration of isolation.
- If you have answered “YES” to Question 4, you are required to self-isolate for 14 days.