



St. John Brebeuf School

Covid-19 Screening Questionnaire

Purpose: This tool is intended to assist parents in determining if their child can attend school. This screening tool is intended to assist in decision making, it is not a medical diagnosis or clinical judgement.

Risk Assessment: Initial Screening Questions

A	Do you have of 1 of the below symptoms?		
	<input type="checkbox"/> Fever > 38°C or subjective fever/ chills	Yes	No
	<input type="checkbox"/> Cough	Yes	No
	<input type="checkbox"/> Sore throat/ hoarse voice	Yes	No
	<input type="checkbox"/> Shortness of breath/breathing difficulties	Yes	No
	<input type="checkbox"/> Loss of taste or smell	Yes	No
	<input type="checkbox"/> Vomiting, or diarrhea for more than 24 hours	Yes	No
B	Do you have 2 or more of any of the below symptoms?		
	<input type="checkbox"/> Runny nose	Yes	No
	<input type="checkbox"/> Muscle aches	Yes	No
	<input type="checkbox"/> Nausea or loss of appetite	Yes	No
	<input type="checkbox"/> Pink Eye	Yes	No
	<input type="checkbox"/> Headache	Yes	No
	<input type="checkbox"/> Skin rash of unknown cause	Yes	No
C	Have you been in contact in the last 14 days with someone that is confirmed to have COVID-19?	Yes	No
	Have you travelled outside of Manitoba in the last 14 days?	Yes	No

Advice:

- **If a student screens yes for A**, the direction is to stay at home and contact Health Links at 204-788-8200 or your child's doctor to seek medical advice.
- **If a student screens yes for two or more symptoms in B**, the direction is to stay at home and contact Health Links at 204-788-8200 or your child's doctor to seek medical advice.
- **If a student screens yes to any questions in C**, the direction is to stay at home and contact Health Links at 204-788-8200 or your child's doctor to seek medical advice.