



COVID-19

Do you have any of the following (new or worsening):



Fever



Cough



Difficulty breathing



Sore throat, trouble swallowing



Runny nose or red eyes



Loss of taste or smell



Not feeling well, tired or sore muscles



Nausea, vomiting, diarrhea



Have you been in close contact with someone who has confirmed COVID-19 in the past 14 days without wearing appropriate PPE?



Have you returned from travel outside Canada in the past 14 days?



If you answered YES to any of these questions, go home & self-isolate right away. Call Telehealth or your health care provider, to find out if you need a test.

TDSB Student Health Pass

The most important thing families can do to help mitigate the transmission of COVID-19, is to screen their children daily for any COVID-19 symptoms and keep them home from school if they are sick or have had close contact with anyone diagnosed with COVID-19.

Review this COVID-19 check daily with your child. Sign* below each day to confirm that your child does not have any symptoms or have had other exposure to COVID-19. We all have a role in keeping our schools safe and free from COVID-19. Thank you for your help.

Student Name : _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

** Parent/Guardian of Kindergarten to Grade 8 students to sign. High school and adult students can sign themselves.*

