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I require you to fill out the below questionnaire to assist in determining your ability to attend classes during the COVID-19 pandemic to provide a safe learning environment for all students and families.

The questionnaire only relates to new symptoms or a worsening of symptoms related to allergies, chronic or preexisting conditions. Those with symptoms related to pre-existing conditions or allergies can still attend class.

Risk Assessment: Screening Questions to answer prior to each class:

1. Do you have any of the following symptoms which are new or worsened if associated with allergies, chronic or pre-existing conditions: fever, cough, shortness of breath, difficulty breathing, sore throat, and/or runny nose? **Yes/No**
2. Have you returned to Canada from outside the country (including USA) in the past 14 days? **Yes/No**
3. Did you have close contact with a person who has a probable or confirmed case of COVID-19? **Yes/No**
4. Did you have close contact with a person who had an acute respiratory illness that started within 14 days of their close contact to someone with a probable or confirmed case of COVID-19? **Yes/No**
5. Did you have close contact with a person who had an acute respiratory illness who returned from travel outside of Canada in the 14 days before they became sick? **Yes/No**
6. In the past 14 days, have you been directed by Public Health to self-isolate? **Yes/No**

If you answer “YES” to any of the above, you are not permitted to attend class at this time and you must self-isolate.

 If you answer “NO” to all of the above, you can proceed to class.

You MUST complete a Daily Health Screening Questionnaire prior to EACH class