



Lambton Public Health
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Child Information

First Name	Last Name

Date of Birth (yyyy-mm-dd)	Household Identification (ID) Number

Screening Questions

#	Yes	No	Question
1.	Yes	No	Does the child have any one of the following symptoms: <ul style="list-style-type: none"> fever, new onset of cough, worsening chronic cough, shortness of breath, difficulty breathing, sore throat, difficulty swallowing, decrease or loss of sense of taste or smell, chills, headaches, unexplained fatigue/malaise/muscle aches, nausea/vomiting, diarrhea, abdominal pain, pink eye (conjunctivitis), runny nose/nasal congestion without other known cause?
2.	Yes	No	Has the child travelled outside of Canada in the past 14 days?
3.	Yes	No	Does the child have a confirmed case of COVID-19 or had close contact with a confirmed or probable case of COVID-19
4.	Yes	No	Has the child had close contact with a person with acute respiratory illness?
5.	Yes	No	Has the child been given fever reducing medications in the last 5 hours?

Please Note: Prior to the child's entry into a child care centre, temperature reading will be taken and recorded on this form by a Child Care Centre Staff.

Date Completed (yyyy-mm-dd)

Office Use Only (Completed by Child Care Centre Staff)

Temperature Reading (Note: Fever is 37.8°C / 100.04°F and above)	Staff Initials