

Centre for Creative Arts Health Check List

1. Do you or your child have any of the following new or worsening symptoms or signs? (Please circle one)

New or worsening cough	Yes	No
Shortness of breath	Yes	No
Sore throat	Yes	No
Runny nose, sneezing or nasal congestion (In absence of underlying reasons for symptoms such as seasonal allergies and post nasal drip)	Yes	No
Hoarse voice	Yes	No
Difficulty swallowing	Yes	No
New smell or taste disorder(s)	Yes	No
Nausea/vomiting, diarrhea, abdominal pain	Yes	No
Unexplained fatigue/malaise	Yes	No
Chills	Yes	No
Headache	Yes	No

2. Have you or your child travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days? Yes

No

- 3. Do you or your child have a fever? (Temperature over 38°C or 100.4°F) Yes No
- 4. Have you or your child had close contact with anyone with respiratory illness or a confirmed or probable case of Covid-19?

No

Yes

If you have answered "YES" to any of the above questions, please understand that you and/or your child will not be allowed to entre.

If you have answered "NO" to all the above questions, please sign in and out and practice hand hygiene before and after your visit.

Our goal is to minimize the risk of infection to our staff and children, thank you for your understanding and cooperation.