



# WFN-School/Child Care: Influenza; Enteric Illness; COVID-19 Triage Screening

Name: \_\_\_\_\_ Primary Residence: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Staff/WFN-Community/Child or Youth  
(Please circle)

As part of WFN Communicable Disease Planning process/procedure and the announcement of a worldwide pandemic involving the COVID-19 (corona virus), this triage screening must be completed by ALL STAFF, CHILDREN, AND VISITORS Please take some time and answer these questions.

**If you are having difficulty breathing; have underlying health issues and your condition is severe-call 911 immediately...**

### Is the student/child currently experiencing any of these symptoms?

The symptoms listed here are the symptoms most commonly associated with COVID-19. Our guidelines for children and adults continue to evolve as we learn more about COVID-19, how it spreads, and how it affects people in different ways.

<b>1. Choose any/all that are new, worsening, and not related to other known causes or conditions they already have.</b>	
• Fever and/or Chills	Temp: _____ Yes <input type="checkbox"/> No <input type="checkbox"/>
• Cough or barking cough (croup):	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Shortness of breath	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Decrease or loss of taste or smell	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Nausea, vomiting and/or diarrhea	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>2. Did the student/child receive their final (or second on a two-dose series) COVID-19 vaccination dose more than 14 days ago, or have they tested positive for COVID-19 in the last 90 days and have since been cleared?</b> If YES, Skip questions 3,4,5	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>3. Is someone that the student/child lives with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?</b> If the individual experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is experiencing mild fatigue, muscles aches, and/or joint pain that only began after vaccination, select "NO"	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>4. In the last 10 days, has the student/child been identified as a "close contact" of someone who currently has COVID-19?</b> If Public Health has advised you that you do not need to self-isolate, select "No"	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>5. In the last 10 days, has the student/child received a COVID Alert exposure notification on their cell phone?</b> Since receiving the notification, if they already went for a test and got a negative result, select "No"	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>6. In the last 14 days, has the student /child travelled outside of Canada AND:</b> • Been advised to quarantine as per the federal quarantine requirements AND/OR • Is the student/child under the age of 12 and not fully vaccinated? If travel was solely due to a cross border custody arrangement, select "No"	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>7. Has a doctor, health care provider, or Public Health Unit told you that the student/child should currently be isolating (staying at home)?</b> This could be because of an outbreak or contact tracing	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>8. In the last 10 days, has the student/child tested positive on a rapid antigen test or a home-based self-testing kit?</b> If the student/child has since tested negative on a PCR test, select "No"	Yes <input type="checkbox"/> No <input type="checkbox"/>

**If "Yes" was answered to any of the questions, please DO NOT enter the building and speak immediately with a staff member about a referral to the Wasauksing Nursing Station or your own health care provider for an assessment of COVID-19.**

**\*Call ahead to WNS, (705) 746-8022\***

On behalf of the Wasauksing First Nation, we thank you for your compliance and cooperation with all planning and protecting of our community.