



ACTIVE SCREENING QUESTIONS FOR CHILDREN/CLIENTS UNDER 18 ATTENDING GJCC APPT

The Ministry of Health is requiring that all regulated and unregulated Health Professionals conduct an active COVID screen with parents or clients under the age of 18, within 24 hours of their appointment. This screening can be completed via phone or email. Should the parent/guardian/client fail to respond, the therapist will be unable to provide therapy at the centre.

If you have been emailed this screening tool (see below), please complete and reply to the screener who emailed it to you. When assessing for the symptoms below, you should focus on evaluating if they are **new, worsening, or different from the baseline health status or usual state**. Symptoms associated with known chronic health conditions are related to other known causes/conditions should not be considered unless new, different or worsening.

Please note: if any person in your household is considered a high risk contact of someone who has COVID-19, YOU CANNOT ATTEND YOUR APPT IN THE CENTRE.

***if any member of your household (child or adult) has any symptoms, even if it is one symptom, the person with symptoms AND all household members are required to isolate until:*

- *The symptomatic individual receives:

 - *A negative COVID-19 test result, or*
 - *An alternate diagnosis by a health care professional**
- *If there is no test or alternate diagnosis, the symptomatic individual must isolate for 10 days from symptom onset, and all other household members must isolate for 14 days from their last contact with the symptomatic individual.*

Screening questions	Response (type yes or no)
Has the child or anyone they live with travelled outside of Canada in the past 14 days? -If exempt from quarantine requirements (for example, an essential worker who crosses the Canada-US border regularly for work), select "No."	
Has a doctor, health care provider, or public health unit told them/you that they should currently be isolating (staying at home)? -this can be because of an outbreak or contact tracing	
In the last 14 days, have they been identified as a "close contact" of someone who currently has COVID-19?	
In the last 14 days, have they received a COVID alert exposure notification on their cell phone? -if they already went for a test and got a negative result, select "no"	
Is anyone they live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?	



Is the child/client (under the age of 18) currently experiencing any of these symptoms? Choose any/all that are new, worsening, and not related to other known causes or medical conditions

Symptoms	Response (type yes or no)
Fever and/or chills (temperature of 37.8C/100F or greater)	
Cough or barking cough (croup) (Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, or other known causes or conditions they already have)	
Shortness of breath (out of breath, unable to breathe deeply, not related to other known causes or conditions)	
Decrease or loss of smell or taste (not related to seasonal allergies, neurological disorders, or other known causes or conditions they already have)	
Sore throat (painful swallowing or difficulty swallowing. Not related to other known causes or conditions (e.g. seasonal allergies, acid reflux)	
Runny or stuffy/congested nose (Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions they already have)	
Headache that's unusual or long lasting (Unusual, long-lasting [not related to tension-type headaches, chronic migraines, or other known causes or conditions they already have])	
Nausea, vomiting and/or diarrhea (Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions they already have)	
Extreme tiredness that is unusual or muscle cramps (Unusual, fatigue, lack of energy, poor feeding in infants [not related to depression, insomnia, thyroid dysfunction, sudden injury, or other known causes or conditions they already have])	
None of the Above	

Results of Screening Questions:



If you answered "YES" to any of the symptoms included under Question 1:

- Contact George Jeffrey Children's Centre to let them know about this result.
- They should isolate (stay home) and not leave except to get tested or for a medical emergency.
- Talk with a doctor/health care provider to get advice or an assessment, including if they need a COVID-19 test.



If you answered "YES" to any of the symptoms included under Question 2:

- Contact George Jeffrey Children's Centre to let them know about this result.
- They should isolate (stay home) and not leave except to get tested or for a medical emergency.
- Talk with a doctor/health care provider to get advice or an assessment, including if they need a COVID-19 test.



If you answered "NO" to all questions, you may attend the in-person appointment at George Jeffrey Children's Centre.

Client Name:

Person filling out the form and relationship to the client:

Therapist Name:

Date: