

Day Camp Name: _____

If answer is yes to any of the questions #1-9 below, direct the parent, camp participant, or staff to:

- Leave the day camp
- Visit the local Assessment Centre to be tested for COVID-19
- Contact the day camp supervisor with an update

Important Note
 The screening criteria in the Active Screening Tool, provided by WDGPH, are current as of 25May2020
 Going forward, those who choose to use this tool are responsible to modify the screening criteria according to any Ministry-released updates/changes

Resources: A -COVID-19 Reference Document for Symptoms (updated symptoms list): http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_reference_doc_symptoms.pdf
 B -COVID-19 Self-assessment tool: <https://covid-19.ontario.ca/self-assessment/>

Have you experienced any of the following symptoms (1-9) since last day participating in the day camp?
 * Check "Yes" only in the absence of underlying reason for these symptoms, such as seasonal allergies, post nasal drip etc*
 ** For diarrhea in children - Yes if two (2) or more unexplained episodes within a 24 hour period

Date & Time of Arrival	Name (LAST NAME, first name)	Contact Info (Phone/email)	Temperature upon Arrival	1. Close contact with a confirmed case of COVID-19?	2. Fever ≥ 37.8?	3. Cough or shortness of breath?	4. Sore Throat/ hoarse voice/difficulty swallowing?	5. Runny nose/sneezing/ nasal congestion?*	6. Loss sense of smell or taste	7. Nausea/ vomiting, diarrhea**, stomach pain?	8. Clinical or radiological evidence of pneumonia?	9. Atypical Symptoms (e.g. - Multisystem Inflammatory Vasculitis)? (See Resource A)	Onset date of first symptom (yy/mm/dd)	Comments	Completed by (Initials)
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