

# TDSB Staff Health Pass

The most important thing we can do to help slow the spread of COVID-19, is to check for COVID-19 symptoms daily and stay home if you are sick or have had close contact with anyone diagnosed with COVID-19. Review this COVID-19 checklist daily and sign below each day to confirm that you or anyone else in your household does not have any symptoms or have other exposure to COVID-19. We all have a role in keeping our schools safe and healthy.

Name : \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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# COVID-19 Screening

For staff/visitors/adult learners at child care & school settings

Updated Sept. 2, 2021

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## 1. Do you have any of the following new or worsening symptoms?\*\*



Fever and/  
or chills

Yes ☐ No ☐



Cough

Yes ☐ No ☐



Trouble breathing

Yes ☐ No ☐



Decrease or loss of  
taste or smell

Yes ☐ No ☐



Tired, sore muscles  
or joints

Yes ☐ No ☐

- If you have a health condition diagnosed by a health care provider that gives you the symptom, select "No". If the symptom is new, different or getting worse, select "Yes".

If "YES" to  
any symptom:



Stay home  
& self-isolate



Get  
tested

Or



Contact a health  
care provider

## 2. Does anyone in your household have one or more of the above symptoms and/or are waiting for test results after experiencing symptoms?

Yes ☐

No ☐

- If you are fully vaccinated\* or have tested positive for COVID-19 in the last 90 days and been cleared, select "No".

## 3. Have you been notified as a close contact of someone with COVID-19 or been told to stay home and self-isolate?

Yes ☐

No ☐

- If you are fully vaccinated\* or have tested positive for COVID-19 in the last 90 days and been cleared or public health has told you that you do not have to self-isolate, select "No".

## 4. In the last 10 days, have you tested positive on a rapid antigen test or a home-based self-testing kit?

Yes ☐

No ☐

- If you have since tested negative on a lab-based PCR test, select "No."

## 5. In the last 14 days, have you travelled outside of Canada AND been advised to quarantine per the [federal quarantine requirements](#)?

Yes ☐

No ☐

If "YES" to  
questions 2,3,4 or 5:



Stay home  
& self-isolate



Follow public  
health advice



\* Fully vaccinated means 14 days or more after getting a second dose of a two dose COVID-19 vaccine series or one dose of a single dose series.

\*\*Anyone who is sick or has any symptoms of illness should stay home and seek assessment from their health care provider if needed.

