9116 Bayview Avenue
Richmond Hill, ON, L4B 3M9
Phone: 905-747-0001, 416-824-8536

DAILY LOGS OF SCREENING ASSESSEMENTS FOR CHILDREN

Screening Questions Set C

1) Has your child or anyone in your household been sick in the last 14 days?
2) Has your child or anyone in your household traveled to another country or around Canada in the last 14 days?
3) Has your child been in contact with anyone who has been investigated/confirmed for Coronavirus?

Date	First & Last Name	Screening Questions A&B		Screening Questions (C): Y/N			Arrival Time	Screening Temperature	Departing Time
Contact information		No for all Questions	Yes. Specify to which question	1.	2.	3.			