

## COVID-19 INFORMATION

# COVID-19 ALBERTA HEALTH DAILY CHECKLIST (FOR CHILDREN UNDER 18)

### Overview

This checklist applies for all children, as well as all students who attend kindergarten through Grade 12, including high school students over 18. Children should be screened every day by completing this checklist before going to school, childcare or other activities. Children may need a parent or guardian to assist them to complete this screening tool.

If your child has traveled outside Canada in the last 14 days, follow the [Government of Canada Travel, Testing, Quarantine and Borders](#) instructions, including any requirements for exempt travelers related to attending high-risk environments.

If within the last 10 days, your child has been notified by Public Health that they are a case<sup>3</sup> of COVID-19, they are required to isolate as per Public Health instructions.

### Screening Questions for Children under 18:

1.	<b>Has your child been a household contact of a case<sup>2</sup> of COVID-19 in the last 14 days?</b> <i>A household contact: a person who lives in the same residence as the case OR who has been in frequent, long-duration, close-range interaction with a case of COVID-19. For example, siblings, someone who slept over, or someone who provided direct physical care to the child.</i>	YES	NO
<b>If the answer is “YES” AND they are NOT fully immunized<sup>4</sup>:</b> <ul style="list-style-type: none"><li>Child should stay home and NOT attend school, childcare and/or other activities for 14 days from the last day of exposure and monitor for symptoms. If your child has symptoms, proceed to question 2.</li></ul>			
<b>If the answer is “NO” to question 1, proceed to question 2</b>			
2.	<b>Does the child have any new onset (or worsening) of the following core symptoms:</b>		
	<b>Fever</b> Temperature of 38 degrees Celsius or higher	YES	NO
	<b>Cough</b> Continuous, more than usual, not related to other known causes or conditions such as asthma	YES	NO
	<b>Shortness of breath</b> Continuous, unable to breathe deeply, not related to other known causes or conditions such as asthma	YES	NO
	<b>Loss of sense of smell or taste</b> Not related to other known causes or conditions like allergies or neurological disorders	YES	NO
<b>If the answer is “YES” to any symptom in question 2:</b> <ul style="list-style-type: none"><li>The child is required to isolate for 10 days from onset of symptoms as per the current <a href="#">CMOH Order</a> OR receive a negative COVID-19 test and feel better before returning to activities.</li><li>Use the <a href="#">AHS Online Assessment Tool</a> or call Health Link 811 to arrange for testing and to receive additional information on isolation.</li></ul>			
<b>If the answer is “NO” to all of the symptoms in question 2, proceed to question 3.</b>			

<sup>3</sup> A lab-confirmed case OR a probable case as defined in the [Alberta COVID-19 Notifiable Disease Guideline](#)

<sup>4</sup> A person who has received the complete vaccine series for COVID-19 and it has been 14 days after the second dose in a two dose series

3.	<b>Does the child have any new onset (or worsening) of the following other symptoms:</b>		
	<b>Chills</b> Without fever, not related to being outside in cold weather	YES	NO
	<b>Sore throat/painful swallowing</b> Not related to other known causes/conditions, such as seasonal allergies or reflux	YES	NO
	<b>Runny nose/congestion</b> Not related to other known causes/conditions, such as seasonal allergies or being outside in cold weather	YES	NO
	<b>Feeling unwell/fatigued</b> Lack of energy, poor feeding in infants, not related to other known causes or conditions, such as depression, insomnia, thyroid dysfunction or sudden injury	YES	NO
	<b>Nausea, vomiting and/or diarrhea</b> Not related to other known causes/conditions, such as anxiety, medication or irritable bowel syndrome	YES	NO
	<b>Unexplained loss of appetite</b> Not related to other known causes/conditions, such as anxiety or medication	YES	NO
	<b>Muscle/joint aches</b> Not related to other known causes/conditions, such as arthritis or injury	YES	NO
	<b>Headache</b> Not related to other known causes/conditions, such as tension-type headaches or chronic migraines	YES	NO
	<b>Conjunctivitis</b> (commonly known as pink eye)	YES	NO

**If the answer is “YES” to ONE symptom in question 3:**

- Keep your child home and monitor for 24 hours.
- If their symptom is **improving** after 24 hours, they can return to school and activities when they feel well enough to go. Testing is not necessary.
- If the symptom **does not improve or worsens** after 24 hours (or if additional symptoms emerge), use the [AHS Online Assessment Tool](#) or call Health Link 811 to check if testing is recommended.

**If the answer is “YES” to TWO OR MORE symptoms in question 3:**

- Keep your child home.
- Use the [AHS Online Assessment Tool](#) or call Health Link 811 to determine if testing is recommended.
- Your child can return to school and activities once their symptoms go away as long as it has been at least 24 hours since their symptoms started.

**If the answer is “NO” to all questions:**

- Your child may attend school, childcare and/or other activities.

**Please note:** If your child is experiencing any symptoms from the lists above, do not bring them to visit a continuing care or acute care facility for 10 days from when symptoms started or until symptoms resolve (whichever is longer), unless they receive a negative COVID-19 test result and feel better.