

# Ottawa Islamic School

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## COVID-19 Screening Tool

Do you have any of the following new or worsening symptoms?



Fever/Chills



Cough



Difficulty breathing/  
Shortness of breath



Sore throat/  
Difficulty swallowing



Runny nose  
(unrelated to  
seasonal allergies)



Loss of taste  
or smell



Not feeling well,  
headache, unexplained  
tiredness and muscle aches



Nausea, vomiting,  
diarrhea,  
abdominal pain

**If yes, stay home and self-isolate.** If no, answer the following question.



**In the last 14 days**, have you been in close physical contact with someone who:

- has tested positive for COVID-19?
- returned from outside of Canada?
- was sick with a respiratory illness such as a cough, fever, or difficulty breathing?

**If yes, stay home and self-isolate.** If no, answer the following question.



**In the last 14 days**, have you travelled outside of Canada?

**If yes, stay home and self-isolate.** If no, see the message below.

**If you answered “NO” to all questions, you may go to school today.**

\*\* Please complete this screening tool daily before attending school and save it on your Google Drive and shared with [ttariq@myois.org](mailto:ttariq@myois.org)

**I have answered “NO” to all questions.**

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

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

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