

Edelweiss Screening

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Edelweiss - COVID Screening

Parents / Guardians must fill out this questionnaire each day their child attends the childcare.

If you answer YES to any of the following questions, do not enter the facility.

Family Information

Your Name *

Your Email *

Childs Name *

Does the child have any new onset (or worsening) of the following core symptoms:

Fever *

Temperature of 38 degrees Celsius or higher

Yes

No

Current Temperature (°C) *

Cough *

Continuous, more than usual, not related to other known causes or conditions such as asthma

Yes

No

Shortness of Breath *

Continuous, out of breath, unable to breathe deeply, not related to other known causes or conditions such as asthma

Yes

No

Loss of sense of smell or taste *

Not related to other known causes or conditions like allergies or neurological disorders

Yes

No

Does the child have any new onset (or worsening) of the following other symptoms:

Chills *

Without fever, not related to being outside in cold weather

Yes

No

Sore throat/painful swallowing *

Not related to other known causes/conditions, such as seasonal allergies or reflux

Yes

No

Runny nose/congestion *

Not related to other known causes/conditions, such as seasonal allergies or being outside in cold weather

Yes

No

Feeling unwell/fatigued *

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

Nausea, vomiting and/or diarrhea *

Not related to other known causes or conditions, such as anxiety, medication or irritable bowel syndrome

Yes

No

Unexplained loss of appetite *

Not related to other known causes or conditions, such as anxiety or medication

Yes

No

Muscle/joint aches *

Not related to other known causes or conditions, such as arthritis or injury

Yes

No

Headache *

Not related to other known causes or conditions, such as tension-type headaches or chronic migraines

Yes

No

Conjunctivitis *

(commonly known as pink eye)

Yes

No

Has your child

Travelled outside of Canada in the last 14 days? *

Yes

Yes

No

When entering or returning to Alberta from outside Canada, individuals are legally required to quarantine for 14 days unless enrolled in the Alberta COVID-19 International Border Pilot Project.

Has your child had close contact* with a confirmed COVID-19 case in the past 14 days? *

Yes

No

Face-to-face contact within 2 metres for 15 minutes or longer, or direct physical contact such as hugging

SUBMIT