All individuals who are coming on to campus and/or participating in an in-person Carleton activity must attest to their vaccination status and complete the screening questionnaire in advance of the game by using the cuScreen system. For more information please visit carleton.ca/covid19/cuscreen.

For those who are under 12 years of age and not yet eligible for their COVID-19 vaccinations please print and complete this form and present it at the stadium.

Date: ___________________ Child’s name: ______________________________

Parent/Guardian name: ______________________________

Parent/Guardian email address: ______________________________

Screening Questions

1. Is the child currently experiencing any of these symptoms?
The symptoms listed here are the symptoms most commonly associated with COVID-19. Choose any/all that are new, worsening, and not related to other known causes or conditions they already have.

   Fever and/or chills
   Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher and/or chills.
   ○ Yes
   ○ No

   Cough or barking cough (croup)
   Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, or other known causes or conditions they already have).
   ○ Yes
   ○ No

   Shortness of breath
   Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions they already have).
   ○ Yes
   ○ No

   Decrease or loss of taste or smell
   Not related to seasonal allergies, neurological disorders, or other known causes or conditions they already have.
   ○ Yes
   ○ No

   Nausea, vomiting and/or diarrhea
   Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions they already have.
   ○ Yes
   ○ No

2. Is someone that the child lives with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?
   If the individual experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is experiencing mild fatigue, muscle aches, and/or joint pain that only began after vaccination, select “No.”
   ○ Yes
   ○ No
3. In the last 10 days, has the child been identified as a “close contact” of someone who currently has COVID-19?
   If public health has advised you that you do not need to self-isolate, select “No.”
   ○ Yes
   ○ No

4. In the last 10 days, has the child received a COVID Alert exposure notification on their cell phone?
   If they already went for a test and got a negative result, select “No.”
   ○ Yes
   ○ No

5. In the last 14 days, has the child travelled outside of Canada AND:
   • been advised to quarantine as per the federal quarantine requirements AND/OR
   • is the child under the age of 12 and not fully vaccinated?
   If travel was solely due to a cross border custody arrangement, select “No.”
   ○ Yes
   ○ No

6. Has a doctor, health care provider, or public health unit told you that the child should currently be isolating (staying at home)?
   This can be because of an outbreak or contact tracing.
   ○ Yes
   ○ No

7. In the last 10 days, has the child tested positive on a rapid antigen test or a home-based self-testing kit?
   If the child has since tested negative on a lab-based PCR test, select “No.”
   ○ Yes
   ○ No

Results of screening questions
If you answered “YES” to any of the questions above, please do not attend the event and follow local public health guidelines. If you answered “NO” to all questions, your child may attend the event.

Parent/Guardian Signature

___________________________________  ___________________  ___________
Name  Signature  Date