

## Childcare Setting Illness Reporting Form

### Please complete the Illness Reporting Form if:

- Three or more staff and/or children develop symptoms within 24 hours, or
- Childcare Setting is informed of a staff or child who has been diagnosed with COVID-19, or
- Childcare Setting is aware of one staff or child who has a high risk exposure (see section 4)

Date (MM/DD/YY): \_\_\_\_\_

### Section 1: Childcare Centre Information

Childcare Centre:			
Street Address:			
Town:		Postal Code:	
Phone Number:			
Operator/Supervisor:			
Name of Person Reporting:			
Total Number of Staff:		Total Number of Ill Staff:	
Total Number of Children:		Total Number of Ill Children:	

### Section 2: Client Information

Name of Ill Staff or Child:			
Date of Birth (MM/DD/YY):		Gender:	
Name of Parent(s)/Guardian(s):		Contact Number:	
Name of Family Physician:		Contact Number:	
Cohort Room Name/Number:			
Cohort Size: (Number of staff/children in each cohort)			

### Section 3: Signs and Symptoms

Date of Symptom Onset:			
List of Symptoms (check all boxes that apply):			
<input type="checkbox"/> Fever	<input type="checkbox"/> Chills	<input type="checkbox"/> New or worsen cough	<input type="checkbox"/> Unexplained fatigue
<input type="checkbox"/> Sore throat	<input type="checkbox"/> General feeling of unwell	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Loss of appetite
<input type="checkbox"/> Runny nose	<input type="checkbox"/> Decrease in appetite	<input type="checkbox"/> Nasal congestion	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Headache	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Croup	
<input type="checkbox"/> Lethargy – Difficulty feeding infant			
<input type="checkbox"/> Multisystem inflammatory vasculitis in children – may include persistent fever, abdominal pain, conjunctivitis, gastrointestinal symptoms (nausea, vomiting and diarrhea) and rash			

### Section 4: High Risk Exposures

<input type="checkbox"/> Airline travel or travel outside of Canada in the last 14 days
<input type="checkbox"/> Close contact with a confirmed COVID-19 case
<input type="checkbox"/> Worked in or lived in a facility that is known to be experiencing a COVID-19 outbreak
<input type="checkbox"/> Other information:

