



ACCESSIBILITY:

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Note:

- Anyone entering any Waterloo Catholic District School Board (WCDSB) building must conduct a self-assessment **DAILY** to confirm that they do not have any of the symptoms or meet any of the conditions listed below. Secondary students, staff, and visitors must provide confirmation that they have completed this self-assessment; elementary students do not need to provide confirmation.
- If you cannot confirm **ALL** of the statements below, please do not enter **ANY** WCDSB buildings.
- If you wish to attest using paper, please print this form and sign below. Staff wishing to attest electronically, please visit: [FOI004Fa COVID-19 Self-Screening Attestation](#)

COVID-19 Vaccine Side Effects

You can go to school/childcare if you or anyone in your household got a COVID-19 vaccine in the last 48 hours and is experiencing any of these symptoms that are mild and only began after vaccination:

- Headache
- Fatigue (extreme tiredness)
- Muscle aches
- Joint pain

You and everyone in your household must stay home if anyone has COVID-19 symptoms (not related to a COVID-19 vaccine, as noted above) or is waiting for test results after experiencing symptoms.

Stay home until the person with symptoms gets a negative COVID-19 test result, or is cleared by public health, or is diagnosed with another illness.

This information will be used to support the WCDSB COVID-19 Pre-screening process and will only be shared with the local Medical Officer of Health and appropriate board staff as required.

Please read and confirm that the following statements are true:

1. I do **NOT** exhibit any of the symptoms listed below:
 - a. **Fever and/or chills:** Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher
 - b. **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 you already have)
 - c. **Shortness of breath:** Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions you already have)
 - d. **Decrease or loss of taste or smell:** Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have
 - e. **Sore throat:** Not related to seasonal allergies, acid reflux, or other known causes or conditions you already have
 - f. **Difficulty swallowing:** Painful swallowing (not related to other known causes or conditions you already have)
 - g. **Runny or stuffy/congested nose:** Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have



- h. **Pink eye:** Conjunctivitis (not related to reoccurring styes or other known causes or conditions you already have)
 - i. **Headache:** Unusual, long-lasting (not related to getting a COVID-19 vaccine in the last 48 hours, tension-type headaches, chronic migraines, or other known causes or conditions you already have)
 - j. **Digestive issues like nausea, vomiting, diarrhea, stomach pain:** Not related to irritable bowel syndrome, menstrual cramps, or other known causes or conditions you already have
 - k. **Muscle aches/joint pain:** Unusual, long-lasting (not related to getting a COVID-19 vaccine in the last 48 hours, a sudden injury, fibromyalgia, or other known causes of conditions you already have)
 - l. **Extreme tiredness:** Unusual, fatigue, lack of energy (not related to getting a COVID-19 vaccine in the last 48 hours, depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have)
 - m. **Falling down often:** For older people
2. I do **NOT** live with anyone who is currently displaying any of the above symptoms, experiencing any new COVID-19 symptoms, and/or waiting for test results after experiencing symptoms.
 3. I have **NOT** travelled outside of Canada in the last 14 days.
 4. I have **NOT** been identified as a 'close contact' of someone who currently has COVID-19 within the past 14 days.
 5. I have **NOT** received a COVID-19 Alert exposure notification on my cell phone within the past 14 days.
 6. I have **NOT** been told to self-isolate (staying at home) by a doctor, health care provider, or public health unit.

I confirm that all of the statements above are **TRUE**.

Name of Student, Staff, or Visitor: _____

Date: _____	Signature: _____
Date: _____	Signature: _____
Date: _____	Signature: _____
Date: _____	Signature: _____
Date: _____	Signature: _____
Date: _____	Signature: _____
Date: _____	Signature: _____
Date: _____	Signature: _____
Date: _____	Signature: _____
Date: _____	Signature: _____

Notice of Collection

Personal information on this form is collected under the authority of the Education Act s.265(1)(m), and MFIPPA s. 28(2). Information on this form will be used to support the WCDSB COVID-19 Pre-screening process. Questions regarding the collection of this information should be directed to privacy@wcdsb.ca.

Completed by: Student/Staff/Visitor
Distribution: N/A
Retention: Transitory