

VISION

The Regina Catholic School Division will provide a quality Catholic education that is faith-based, student-centered, and results-oriented.



**Regina
Catholic Schools**
www.rcsd.ca

MISSION

The Regina Catholic School Division will work with the community and local church to provide a quality Catholic education that fosters academic excellence and the development of informed, responsible citizens.

VALUES

ACCOUNTABILITY

COLLABORATION

HONESTY

INTEGRITY

RESPECT

WELLNESS

Daily Screening Questionnaire for COVID-19

Parents / Guardians / Students / Staff must use this risk assessment each day to decide if you should enter a school or any Regina Catholic School Division facility.

1.	Do you, or your child attending school, have any of the following symptoms:	Check one	
	• Fever	<input type="radio"/> YES	<input type="radio"/> NO
	• Cough	<input type="radio"/> YES	<input type="radio"/> NO
	• Shortness of Breath / Difficulty Breathing	<input type="radio"/> YES	<input type="radio"/> NO
	• Sore throat	<input type="radio"/> YES	<input type="radio"/> NO
	• Chills	<input type="radio"/> YES	<input type="radio"/> NO
	• Painful swallowing	<input type="radio"/> YES	<input type="radio"/> NO
	• Runny Nose / Nasal Congestion	<input type="radio"/> YES	<input type="radio"/> NO
	• Feeling unwell / Fatigued	<input type="radio"/> YES	<input type="radio"/> NO
	• Nausea / Vomiting / Diarrhea	<input type="radio"/> YES	<input type="radio"/> NO
	• Unexplained loss of appetite	<input type="radio"/> YES	<input type="radio"/> NO
	• Loss of sense of taste or smell	<input type="radio"/> YES	<input type="radio"/> NO
	• Muscle/ Joint aches	<input type="radio"/> YES	<input type="radio"/> NO
	• Headache	<input type="radio"/> YES	<input type="radio"/> NO
	• Conjunctivitis (Pink Eye)	<input type="radio"/> YES	<input type="radio"/> NO
2.	Has the person attending the school/facility/activity travelled outside of Canada in the last 14 days?	<input type="radio"/> YES	<input type="radio"/> NO
3.	Have you/your child had close unprotected* contact with someone who has travelled outside of Canada in the last 14 days and who is ill** ? (face-to-face contact within 2 meters/6 feet)	<input type="radio"/> YES	<input type="radio"/> NO
4.	Have you/your child attending the school/facility/activity had close <u>unprotected*</u> contact in the last 14 days with someone who is ill** ? (face-to-face contact within 2 meters/6 feet)	<input type="radio"/> YES	<input type="radio"/> NO
5.	Have you/your child or anyone in your household been in close <u>unprotected*</u> contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	<input type="radio"/> YES	<input type="radio"/> NO

* **unprotected** means close contact without a mask or other appropriate personal protective equipment (PPE)

** **ill** means someone with COVID-19 symptoms listed above

If you have answered “**Yes**” to any of the above questions, please **DO NOT** enter the school/facility at this time. You should stay home and use the [Saskatchewan COVID-19 Self-Assessment](#) or call the **HealthLine 811**. Please seek testing as soon as possible if you have any symptoms. A negative test will allow your child to return to school.

If you have answered “**No**” to all of the questions above, you may attend school.