



Confirmation of Daily Covid-19 Student Screening Log Lumen Christi

Student Name : _____ Class : _____
(Please Print)

Parent/Guardian Name: _____ Date : _____
(Please Print)

Verify in writing:

I/we confirm the student (above) received a "pass" on the COVID School Screening Tool.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Verify electronically:

<https://covid-19.ontario.ca/school-screening/>



Students may alternatively complete screening on their own device, where age appropriate, and present on arrival.

Please initial each morning prior to attending school.

By initialing below, I/we confirm the Ontario COVID-19 School Screening has been completed for my child and my child has passed the screening.

Date	Parent/guardian initials
September 7, 2021	
September 8, 2021	
September 9, 2021	
September 10, 2021	
September 13, 2021	
September 14, 2021	
September 15, 2021	
September 16, 2021	
September 17, 2021	

Daily self-screening for all students continues to be a requirement to come to school beyond September 17, 2021. Thank you for working together to keep our school safe.