



# Student Screening Confirmation Form

**Student Name:** \_\_\_\_\_

<b>Date</b>	<b>Day</b>	<b>Verification</b>	<b>Parent or Guardian Initial</b>
	<b>Monday</b>	I am confirming that I completed the Ontario COVID-19 School Screener for my child and they received clearance to attend school/child care.  	
	<b>Tuesday</b>		
	<b>Wednesday</b>		
	<b>Thursday</b>		
	<b>Friday</b>		