



1000 High Street  
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Web Site: www.npsc.ca

## Continuation of Onsite Confirmation of Self-screening

September 21, 2021

Dear Parents and Guardians:

We hope your start to the 2021-2022 school year has been a good one!

As a follow-up to our August 31 communication regarding the requirement for daily confirmation of self-screening for all elementary students and staff, we are writing to inform you that the North Bay Parry Sound District Health Unit is requesting all schools within its boundaries to continue daily on-site confirmation of self-screening up to and including **October 1, 2021**. Symptom screening plays an important role in the early identification of a possible or actual COVID-19 case.

Please continue to complete the [screen for COVID-19 symptoms](#) and either **return a completed self-screening confirmation form below** to the school or **complete your school's online Google Form** (if applicable). As always, if your child or anyone in your household is experiencing COVID-19 symptoms, stay home and follow the guidance in the school screener.

Thank you for continuing to follow the public health and safety measures that will keep schools open and safe for students and staff. It is our collective effort that continues to ensure your children can learn in the classroom.

Continued best wishes for a safe, exciting and successful school year!

Nipissing-Parry Sound Catholic District School Board



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## Elementary Self-Screening Confirmation Form

As an additional step to support the safe return of in-person learning, the North Bay Parry Sound District Health Unit is requesting that school boards continue with daily on-site confirmation of self-screening up to and including October 1, 2021

Please complete the [Provincial COVID-19 School and Child Care Screening Assessment](#).

Once complete, ***please confirm that you have completed and passed the self-screening each school day up to and including October 1, 2021, by returning the confirmation below to the classroom teacher each day.***

I have completed and passed the Provincial COVID-19 School and Child Care Screening Assessment.

Student Name: \_\_\_\_\_  
(Please print)

School Name: \_\_\_\_\_ Classroom Teacher: \_\_\_\_\_  
(Please print) (Please print)

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(Please print)