

**COVID-19  
HEALTH AND SAFETY QUESTIONNAIRE**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**COUNCIL:** \_\_\_\_\_

1. Have you (or someone you live with) travelled outside Canada in the last 14 days and were instructed by the border agency to isolate?

YES            NO

2. Are you experiencing COVID-19 symptoms such as fever above 38° C, cough, difficulty breathing, sore throat, sudden loss of smell or taste, sneezing or other COVID-19 symptoms (even if you suspect it's due to the COVID-19 vaccine)?

YES            NO

3. Have you been in close contact with someone who is experiencing COVID-19 symptoms (even if you suspect it's due to the COVID-19 vaccine) or who has tested positive for COVID-19 in the last 14 days?

YES            NO

4. Do you live with someone who is currently self-isolating on the advice of a public health authority or medical practitioner?

YES            NO

5. Have you been diagnosed with COVID-19 in the last 14 days?

YES            NO

6. Are you, or someone you live with, awaiting COVID-19 test results (excluding voluntary testing not related to the situations referred above)?

YES            NO

**Upon arrival, please complete and bring this form with you when you register. Thank you.**