

**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 safety agency to isolate?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Are you experiencing COVID-19 symptoms such as fever, 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.