

Badge/Student Number

First Name

Last Name

1. Have you, or anyone in your household, experienced fever, difficulty breathing, or other flu like symptoms in the last 48 hours?

Yes No

2. Within the past 7 days, have you been in close physical contact (1.5 meters or closer for at least 15 minutes) with a person who is known to have laboratory - confirmed COVID-19?

Yes No

if YES, then you confirm the following:

• You have been vaccinated less than 6 months ago OR had laboratory confirmed COVID-19 in the last 6 months

Yes No

• You reside in the same household with the positive close contact

Yes No

Date / /
dd / mm / yy

Signature: _____

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