



Your Name (Print Name Clearly)	
Your Phone Number	
Purpose of Visit	Class / Work / Visit
Date of Visit	
Temperature (Must be less than 38C or 100.4F): Official Use Only	

1. Are you experiencing any of the following flu-like symptoms unrelated to seasonal allergies?

- Fever or chills
- Cough (new or worsening)
- Difficulty breathing or shortness of breath (new or worsening)
- Sore throat/painful swallowing
- Headache
- Stuffy or runny nose
- New loss of sense of smell or taste
- Nausea, vomiting and/or diarrhea
- Chest pain or pressure
- Loss of speech or movement
- Malaise (severe fatigue, muscle aches, feeling of being unwell)

Yes No

2. Within the last 14 days, have you:

- Traveled to any country outside of Canada (including the United States)?
- Been in close contact with a person who has an acute respiratory illness and traveled outside of Canada in the last 14 days?
- Been in close contact with someone who has a confirmed or probable case of COVID-19?
- Been told to self-isolate in accordance with Public Health directives?

Yes No

If you answered YES to any of the above questions, please do not enter the campus.

If you think you have been exposed to COVID-19 please contact 8-1-1.

If you replied NO to all of the questions, you will still be required to follow the direction and recommendations provided by the BC Public Health Officer and WorkSafeBC.