



TRIUMF COVID-19 Screening Questionnaire

Updated March 16 2020

For all authorized visitors, including users, contractors, and other guests

- To protect the health of our community, all visitors must complete this questionnaire prior to accessing the TRIUMF site
- Anyone refusing to complete the questionnaire will not be admitted
- All information will be kept confidential
- Thank you for your understanding and co-operation

- 1) Have you travelled outside Canada during the last 14 days? Yes No
- a) If yes, did you return after March 12? Yes No
- b) If yes, did you return from Italy, Iran, or Hubei Province (China)? Yes No
- 2) Have you been in contact with a known or suspected case of COVID-19 within the last 14 days? Yes No
- 3) Are you experiencing COVID-19 symptoms (such as fever, cough, or difficulty breathing)? Yes No

To be completed by the visitor:

Name (Please Print): _____

Date: _____

Signature: _____

For Administrative Use:

Date: _____

TRIUMF Reception: _____

Signature: _____

Administrative Approval: _____ Date: _____