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: ____________