



TRIUMF COVID-19 Screening Questionnaire

(May 31, 2020 Revision)

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 cooperation

Completed by Visitor:

- 1) Have you been in contact with a known or suspected case of COVID-19 within the last 14 days? Yes No
- 2) Are you experiencing COVID-19 symptoms? (such as fever, cough or difficulty breathing) Yes No

Company Name: _____

Company Address: _____

Visitor Name (Please Print): _____

Date: _____

Email Address: _____

Telephone Number: _____

Signature: _____

For Administrative Use:

Date: _____

Signature: _____

Administrative Approval: _____ Date: _____