



TRIUMF COVID-19 Screening Questionnaire

July 27, 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 **each day** prior to accessing the TRIUMF site.
- Anyone not completing the questionnaire will not be admitted or will be removed from site.
- 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 now experiencing or have in the past 14 days experienced symptoms consistent with COVID-19 ? Yes No
(such as fever, cough, or difficulty breathing)

TRIUMF Contact: _____

Visitor Name (Please Print): _____

Company/Institution Name: _____

Company/Institution Address: _____

Email Address: _____

Telephone Number: _____

Signature: _____ Date: _____

The signatory acknowledges that the above information is correct to the best of their knowledge. Inaccurate information could lead to access privileges to the TRIUMF site being revoked.

For Administrative Use:

Received by: _____ Date: _____

Comments: _____