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?  
   (such as fever, cough, or difficulty breathing)  
   - Yes  
   - No

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: ____________________________________________