

TRIUMF COVID-19 Screening Questionnaire

November 16, 2020 (Revision B)

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 and failure to follow COVID guidelines will result in not being permitted to work on 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 the following COVID-19 symptoms? (such as fever, cough or difficulty breathing) Yes No
- 3) I understand and agree to wear a facial covering in all shared indoor spaces, maintain 2m physical distancing, respect posted occupancy limits, and adhere to hand sanitizing guidelines. For details please refer to <https://www.triumf.ca/node/36018#face-covering> or consult with your TRIUMF contact. Yes No

Company Name: _____

Company Address: _____

Visitor Name (Please Print): _____

Date: _____

Email Address: _____

Telephone Number: _____

Signature: _____

TRIUMF Contact: _____

For Administrative Use:

Acknowledgment: _____ Date: _____

Comments: _____