



Health Screening Questionnaire

Please remit a signed hard copy of this form at registration. This copy will be kept on file with your completed registration form. Students or their parents, will be required to verbally confirm the questions below before being allowed to enter the building. **NOTE:** If you or any members of your household have travelled outside of the Atlantic Region within the past 14 days you are not permitted to enter the facility.

Please answer all of the following questions by ticking in the yes or no column:

Questions	Yes	No
Have you or anyone from your household travelled outside of:		
Atlantic Canada		
Canada		
Do you have any of the following symptoms?:		
fever (i.e. chills, sweats)		
cough or worsening of a previous cough		
sore throat		
headache		
shortness of breath		
muscle aches (not exercise related)		
sneezing		
nasal congestion/runny nose		
hoarse voice		
diarrhea		
unusual fatigue		
loss of sense of smell or taste		
red, purple or blueish lesions on the feet, toes or fingers without clear cause		

Student Name: _____

Parent/Guardian Name: _____

Phone Number: _____ Date: _____

This information will be given to the NWCC staff and Public Health only if any suspicion of Covid-19 activity arises on the premises. **Instructors:** If any of the above questions are not answered 'appropriately', notify NWCC staff right away and direct student to call 811.