| DATE: | NAME: | Have you experienced any of the Covid-19 symptoms listed below? (Indicate with a check)<br>• Fever<br>• Cough<br>• Shortness of breath or difficulty breathing | | Have you or anyone in your household travelled outside of the Yukon, BC, Northwest Territories or Nunavut in the past 14 days? (Indicate with a check) | | Have you or anyone in your household been in contact in the last 14 days with someone who is currently awaiting test results for or confirmed to have COVID - 19? (Indicate with a check) | | Have you or anyone in your household been instructed to self-isolate? (Indicate with a check) | | **If you answered "yes" to any of the previous questions you WILL NOT be permitted to enter the school premises at this time. Please proceed to your household and call 811** | Sign out time: | Rooms you visited: |
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| | | Yes | No | Yes | No | Yes | No | Yes | No | | | |
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