



Porter Creek Secondary Staff Self-Assessment
Contact Tracing Form updated August 10, 2020

Name: _____ Date: _____

Date	Temp <37.8 C (✓)	Travel outside YT or BC, NWT, NT bubble in last 14 days? If yes, NO Entry	Contact with suspect/testing / confirmed COVID last 14 days? If yes, NO entry	Chills/ muscle aches If yes, NO Entry	New cough or worsening of cough If Yes, No Entry	Runny nose If yes, NO Entry	Shortness of breath If yes, NO Entry	Sore throat If yes, NO Entry	Loss of taste / smell If yes, NO Entry	Headache If yes, NO Entry	Unexplained Fatigue If yes, NO Entry	Loss of appetite If yes, NO Entry	Nausea, Vomiting, Diarrhea If yes, NO Entry