



## COVID-19 ENTRY SCREENING

### Student / Visitor / Employee Health Assessment Questionnaire

The purpose of this health assessment is to ensure, so far as is possible, that you are fit for the activities you will be undertaking in order to protect your own and others' health and safety. Questions are asked about your present health, and any issue which may have implications for health and safety.

Last Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>
First Name(s):	

#### BRIEF DESCRIPTION OF ACTIVITIES AT WTSTC:

Reason for Visit: \_\_\_\_\_

Safety Training     Appointment with WTSTC Staff

1. Time Entered Facility: \_\_\_\_\_
2. Hands Sanitized Upon Entry: \_\_\_\_\_
3. Temperature at entry: \_\_\_\_\_
4. WTSTC Staff Verification: \_\_\_\_\_

#### DECLARATION OF HEALTH

1. Do you currently have any health problems, such as stuffy nose, cough, respiratory issues, headache, or body aches etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If you have answered 'yes' to the above, please give details.

Details	

#### DECLARATION

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the form may be grounds for subsequent removal from facility.

I understand my responsibility to notify the occupational health service of my employer/place of employment if I think I have had significant exposure to, or am carrying, a serious communicable condition, and to follow advice from a physician or licensed health care professional. I understand the importance of routine infection-control procedures, including the importance of hand hygiene and compliance with the cleanliness policies of WTSTC.

Signed Student / Visitor / Employee:	Date:
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