



Declaration of Health Status

1. Do you have any of the following **new or worsening** symptoms or signs?

Yes No New or worsening cough Shortness of breath

Yes No Sore throat

Yes No Runny nose, sneezing or nasal congestion (in absence of underlying reasons for symptoms such as seasonal allergies and post nasal drip)

Yes No Hoarse voice

Yes No Difficulty swallowing

Yes No New smell or taste disorder(s) Nausea/vomiting, diarrhea, abdominal pain

Yes No Unexplained fatigue/malaise

Yes No Chills

Yes No Headache

2. Yes No Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?

3. Yes No Do you have a fever?

4. Yes No Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?

Form can be submitted electronically (preferred) or handed in at course

Course Dates: _____ TCI: _____

Name: _____ Signature: _____