



## COVID-19 SCREENING CHECKLIST

1. Do you have at least two of the following symptoms: fever above 38°C or signs of fever (feeling hot or chills), a new or worsening chronic cough, a sore throat, a runny nose, a headache, new onset fatigue, new onset muscle pain, diarrhea, loss of taste or loss of smell?

Yes

No

Body temperature confirmed with infrared thermometer (if applicable)

2. Have you traveled outside of New Brunswick within the last 14 days?

Yes

No

3. Have you had close contact with a confirmed or probable COVID-19 case?

Yes

No

4. Have you had close contact in the last 14 days with a person being tested for COVID-19?"

Yes

No

If the individual answers NO to all questions, they have passed the screening and can begin training.

If the individual answers YES to any of the above screening questions, or refuses to answer, then they have failed the screening and cannot proceed with training.

**Student's Temperature** \_\_\_\_\_