



Royal Bridge College

COVID-19: Screening and Consent

Directions to complete this form

Please complete this form on the date of your appointment. Print the form and bring it with you to the appointment. If you do not have a printer, the forms will be available at the office.

Student's Information				Guardian's Information			
First Name				First Name			
Last Name				Last Name			
Temperature (°C)				Temperature (°C)			
Covid Screening Questions				Pre-Examination Protocol (Y/N)			
Fever		Yes	No	Fever		Yes	No
Cough or Sore Throat				Cough or Sore Throat			
Loss of taste or smell				Loss of taste or smell			
Shortness of Breath				Shortness of Breath			
Muscle Pain				Muscle Pain			
GI Symptoms				GI Symptoms			
Body Rash				Body Rash			
National Travel				National Travel			
International Travel				International Travel			
Cruise Travel				Cruise Travel			
Travel by Air within Canada				Travel by Air within Canada			
Family member contact COVID-19 symptoms				Family member contact COVID-19 symptoms			
Contact with COVID-19				Contact with COVID-19			

** Additional information required:

Please circle one

1. Have you travelled outside of Canada or B.C. in the past 14 days? Yes No
2. Have you be directed by a health care provider including public health official to quarantine (self-isolate) for 14 days? Yes No
3. Have you or your family members be identified as a close contact of someone who is confirmed as having COVID-19 by the local public health unit? Yes No

I understand that carriers of COVID-19 may not exhibit any symptoms and that the virus has an incubation period of up to 14 days or longer before symptoms are apparent. I also understand that it is recommended to maintain social distancing of 2 meters to reduce transmission of COVID-19, and that this is impossible with this appointment.

I knowingly and willingly consent to having an appointment at Royal Bridge College.

Name and Signature of Student/ Guardian

Date

Name and Signature of Witness

Date