



## J. Addison School

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### COVID-19 Self-assessment Survey

You must answer this questionnaire in order to participate in activities at J. Addison School:

Your Name: \_\_\_\_\_ Circle one

1 Have you travelled in the last 14 days? Where? Y or N

If yes, indicate where: \_\_\_\_\_

2 Do you have any illness symptoms? Y or N

If yes, indicate symptoms: \_\_\_\_\_

\_\_\_\_\_

3 Do you have a fever? Y or N

If yes, indicate the temperature: \_\_\_\_\_

4 Have you been in contact with anyone who has travelled in the last 14 days? Y or N

If yes, indicate who and where they travelled: \_\_\_\_\_

\_\_\_\_\_

5 Have you been in contact with anyone who has been ill in the last 14 days? Y or N

If yes, indicate who and their symptoms: \_\_\_\_\_

\_\_\_\_\_

If you have answered yes to any of the above questions, please speak to your instructor immediately. Please do not participate in any activities at J. Addison School until you have received confirmation of authorization to do so.