

Timeline Safety Training Self-Assessment Form – COVID 19

- Due to the infectious nature of COVID-19, each participant is required to complete this form prior to participating in the in-person portion of their course.
- Timeline Safety Training will offer classes that will be masks recommended & separate dates for mandatory masking to accommodate people's preferences. It is expected that the guidelines for the class you registered for be followed.
- Please know that people with COVID-19 can be pre-symptomatic or asymptomatic and can still be contagious.
- There is no way to completely protect ourselves from this virus. We ask that if you identify as high risk, those with medical conditions such as; Heart disease, Hypertension (high blood pressure), Lung disease, Diabetes, Cancer, People with weakened immune systems from a medical condition or treatment (such as chemotherapy), or consider themselves as Older Adults, that you consider re-scheduling your in person training.
- Please visit my website; www.TimelineSafetyTraining.ca, to see all of the precautions that we are taking to keep everyone safe.

Questions

1. Symptoms – are you experiencing:

- | | | |
|---------------------------------|--|--|
| a. Fever (above 38°C)?
Y / N | d. Shortness of Breath
Y / N | g. Chills?
Y / N |
| b. Cough?
Y / N | e. Sudden loss of taste or smell?
Y / N | h. Nasal or sinus congestion?
Y / N |
| c. Sore Throat?
Y / N | f. Fatigue?
Y / N | i. Sudden muscle &/or joint pain?
Y / N |



2. Exposure

Are you currently COVID-19 positive? Y / N

Are you under investigation because someone you were near has tested positive (within the last 10 days)? Y / N

Were you exposed to someone who is currently under investigation for COVID-19 or has been confirmed as having COVID-19 within the last 10 days? Y / N

Is there anyone in your house that is positive or recovering from a recent COVID-19 positive test? Y/N

 **If you have answered YES to questions 1 or 2, call or email me**
and we will re-schedule your in person training. 

3. Requested Actions

- a. Are you willing to wash and sanitize your hands upon entering, after eating, periodically throughout the course, and upon completion of the course? Y / N

Printed Name of Student: _____

Signature of Student: _____ Date signed: _____