

## 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.
- 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](http://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)?<br>Y / N | d. Shortness of Breath<br>Y / N            | g. Chills?<br>Y / N                        |
| b. Cough?<br>Y / N              | e. Sudden loss of taste or smell?<br>Y / N | h. Nasal or sinus congestion?<br>Y / N     |
| c. Sore Throat?<br>Y / N        | f. Fatigue?<br>Y / N                       | i. Sudden muscle &/or joint pain?<br>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

Are you awaiting test results from a COVID-19 PCR Test? Y / N

#### 3. Travel

- a. Have you done any air travel in the past 5 days? Y / N

 **If you have answered YES to questions 1-3, call or email me  
and we will re-schedule your in person training.** 

#### 4. 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
- b. Are you willing to wear a facemask during training when there is a risk of participants/ instructor coming within 6 feet of each other? Y / N

Printed Name of Student: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date signed: \_\_\_\_\_