



COVID-19 Daily Checklist

To help prevent the spread of COVID-19 on the Metropolitan Community College campus, all individuals must answer the following questions. Your answers to these questions will be treated as strictly CONFIDENTIAL. Later in the survey, you will be asked if you have traveled internationally or to a region that has high COVID-19 exposure rates, in the past 14 days. Completed forms should be sent to admin@metropolitancollege.ca

Name:	Email:
Date:	Telephone Number:

If you answer "yes" to at least one of the questions below, you should not come to campus and notify the person or office you were coming to visit.

Do you have a fever without having taken any fever reducing medications? Temperature: _____

- Yes
 No

Loss of Smell or Taste?

- Yes
 No

Muscle Aches?

- Yes
 No

Sore Throat?

- Yes
 No

Cough?

- Yes
 No

Shortness of Breath?

- Yes
 No

Chills?

- Yes
 No

Headache?

- Yes
 No

Have you experienced any gastrointestinal symptoms such as nausea / vomiting, diarrhea, or loss of appetite?

- Yes No

Have you, or anyone you have been in close contact with, been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19?

- Yes No

Have you traveled internationally or to a region that has high COVID-19 exposure rates, in the past 14 days?

- Yes No

All visitors who answered yes to any of the above questions, please refrain from visiting our campus until your symptoms have resolved, plus 14 days.

Thank you for your understanding as we try to keep our community safe.

Signature:

--