



EFC Student Health Questionnaire

In accordance with directives from Alberta Health Services and Alberta Learning all students must complete this form prior to **every** lesson.

- 1) Are you having trouble breathing, chest pains, chronic fatigue, confusion, or temporary loss of consciousness?
 YES _____ NO _____
- 2) Are you experiencing shortness of breath at rest, the inability to lie down due to difficulty breathing, or any existing or new respiratory illness?
 YES _____ NO _____
- 3) In the past 10 days have you had a fever, new or worsening cough, new or worsening shortness of breath, sore throat, or runny nose?
 YES _____ NO _____
- 4) Do you have any of the following symptoms?
 - a) Chills
 - b) Painful Swallowing
 - c) Stuffy Nose
 - d) Headache
 - e) Muscle or Joint Pain
 - f) Feeling unwell, fatigue, or exhaustion
 - g) Nausea, vomiting, diarrhea, or loss of appetite
 - h) Loss of sense of smell or taste
 - i) Conjunctivitis (pink eye)
 YES _____ NO _____
- 5) In the past 14 days did you return from travel outside of Canada or have close contact with someone confirmed to have COVID-19?
 YES _____ NO _____

If you have answered YES to one or more of these questions you are legally obligated to self-isolate for a period of 10 days, or until symptoms resolve, whichever is longer. You are advised to visit Alberta Health Services online to find more information regarding COVID-19 testing.

Name (Please Print):

Date:

Signature: