



The National Registrar of the Wood Energy Technical Training Program

COVID-19 Self-Assessment

Name: _____ Date: _____

Federal, provincial, and local government health agencies recommend social distancing and other measures to mitigate transmission of COVID-19.

I have travelled outside of the country in the past 14 days.

Yes No

I am currently suffering from, and have suffered from, a cough, fever, or any other flu-like symptoms in the last 14 days.

Yes No

I am currently diagnosed with COVID-19, have tested positive for COVID-19 within the last 14 days, or have been tested and currently awaiting test results;

Yes No

To the best of my knowledge, within the last 14 days, I have been exposed to someone diagnosed with COVID-19, who has tested positive for COVID-19 within the last 14 days or who is currently awaiting test results.

Yes No

*Printed copies of this form will be made available for all registrants daily.