



COVID-19 SELF-ASSESSMENT ATTESTATION

In order to gain entry into the vaccine clinic you must print this form and present it to the vaccine clinic team member upon your clinic registration. If you do not have access to a printer, a form will be provided on-site.

- | | YES | NO |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1 Are you currently experiencing symptoms of a respiratory infection (cough, shortness of breath or difficulty breathing, fever or chills, sore throat)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Have you lost your sense of taste or smell? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Are you experiencing generalized symptoms such as congestion or runny nose, muscle or body aches, headaches, fatigue, with or without vomiting/diarrhea? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 In the last 14 days, have you had contact with someone with confirmed or suspected of COVID-19 , or a person that is exhibiting signs of respiratory illness without appropriate personal protective equipment (PPE)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Have you been advised to self-quarantine? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer "YES" to any of these questions, DO NOT PROCEED TO YOUR VACCINATION APPOINTMENT. Please email covid.vaccination@cmhc.org using the subject line "Cancel my appointment" and someone will be in touch to reschedule your time.



Temperature will be taken on arrival.

Please record your temperature here: _____

Signature _____ Date _____

Print Name _____