HEALTH CHECK FORM FOR EMPLOYEES

For the health and safety of all Bermuda College employees, *you are requested to answer the following questions prior to entering the College campus.*

First Name:	Last Name:

In the last 2 weeks have you had any of the following:	YES	NO
Coughing		
Runny/Stuffy Nose		
Sore Throat		
Shortness of Breath or Difficulty Breathing		
Fever		
Vomiting		
In the last 2 weeks have you travelled abroad? *		
In the last 2 weeks have you been in contact with anyone who has travelled?**		
In the last 2 weeks have you been required to quarantine?		
In the last 2 weeks have you been in contact with anyone who has been required to quarantine?		

Signature:	Date:
Signature:	Date:
Signature:	Date:
Signature:	Date:
Signature:	Date:

* Must present a negative Day 4 Covid test along with this form if immunized. If not immunized must follow Government's quarantine guidelines.

** Must not return to campus until after the person's negative Day 4 Covid test.