



Bermuda College requests that you answer the following questions, for the health and safety of staff, students and other guests of Bermuda College and contact tracing.

First Name:		Last Name:	
Telephone #:		Email address:	

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 has anyone in your household travelled?***		
In the last 2 weeks have you been required to quarantine?		
In the last 2 weeks has anyone in your household been required to quarantine?		

Signature:		Date:	
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* If you are immunized you must present a negative Day 4 Covid test along with this form. If you

are not immunized you must follow Government's quarantine guidelines.

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