

# COVID-19: Fit for Training Questionnaire

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To prevent the spread of the COVID-19 in our community and reduce the risk of exposure within training facilities, students, trainers, and any other person at the training facility who may have contact with students, are required to complete this "Fit for Training Questionnaire". This form must be received by the trainer or training provider before a student is approved to begin training.

*Training providers should retain all completed forms for one year.*

<b>Date (yyyy/mm/dd):</b>	<b>Time:</b>
<b>Name (Last, First):</b>	<b>Training Location (street address):</b>
<b>Company Name (if applicable):</b>	<b>Trainer Name:</b>

## Self-Declaration by Student/Trainer

If you answer **YES** to any of these questions, **notify the training provider or trainer immediately.**

- 1 Are you sick or exhibiting any of the following symptoms?  
 Yes    No  
 Fever    Dry cough    Body aches    Headache  
 Sore throat    Runny nose    Tiredness    Shortness of breath
- 2 Have you travelled outside of Newfoundland and Labrador or Canada in the last 14 days?  
 Yes    No  
If yes, which province or country(s) : \_\_\_\_\_  
Travel Dates (Departure): \_\_\_\_\_ (Return): \_\_\_\_\_
- 3 Has anyone in your household been quarantined (self or directed) or identified as a COVID-19 confirmed or suspected case?  
 Yes    No
- 4 To your knowledge, have you been exposed to anyone who has been quarantined (self or directed) or identified as a COVID-19 confirmed or suspected case?  
 Yes    No  
Please describe: \_\_\_\_\_

I (print name) \_\_\_\_\_ acknowledge and confirm that I am not experiencing any flu-like symptoms and agree to report to the trainer immediately if symptoms occur.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_