

COVID-19 SIGN-IN SHEET

Questionnaire to be completed by ALL personal entering any training site or the Alliance Office

The Electrical Apprenticeship Training Alliance wishes to take part in preventative measures to ensure the health and safety of all visitors, instructors, staff and all other stakeholders.

All visitors entering the Alliance facilities MUST complete this form prior to entering the Alliance facilities. Should you tests positive for COVID-19, the Ministry of Labour requires employers, (Electrical Apprenticeship Training Alliance) to provide information on where participant may have been exposed, as well as the contact information of any other participant who may have been exposed. Electrical Apprenticeship Training Alliance will track information and Public Health Units will respond.

Personal Information

First and Last Name: _____ Email: _____

Cell Phone: _____ Date: _____ Time: _____

1. Have you travelled outside Canada since March 12th?
 Yes No If yes – Date of return? _____
2. Do you currently have the following symptoms: fever, coughing or difficulty breathing?
 Yes No
3. Have you been exposed to a person who has a confirmed or probable case of the COVID-19 infection?
 Yes No

Declaration:

I hereby confirm that the information provided herein is accurate, correct and complete that the responses submitted within this form are genuine.

I understand to inform the Electrical Apprenticeship Training Alliance in writing of any changes to the information already provided and no update information on this form whenever requested to do so by.

Signature _____ Date _____

Kind regards,



Erik Hueglin
Director of Apprenticeship
Electrical Apprenticeship Training Alliance