



## Pandemic - Self-declaration form Self-isolation

Disclosure of exposure or illness is required in order to safeguard the health and safety and restrict the outbreak in the McGill community. Information collected will be kept safely and any personal information will not be disclosed unless as required by law or with the employee's express consent.

\_\_\_\_\_  
Name of employee

\_\_\_\_\_  
ID number

\_\_\_\_\_  
Faculty/department

### Questionnaire

1. **Have you travelled outside Canada and returned on or after March 12, 2020?**  Yes  No

If yes, please provide the following information:

Name of the area visited (country, province/state, city): \_\_\_\_\_

Dates of travel (arrived on / returned on): \_\_\_\_\_

2. **Have you been in close contact with a person diagnosed with, or suspected of being infected by, COVID-19?**  Yes  No

What is your relationship with this person: \_\_\_\_\_

Do you live in the same home:  Yes  No

What was the last date of contact: \_\_\_\_\_

3. **Have you experienced any of the following symptoms?**

Fever  Yes  No

Cough  Yes  No

Difficulty breathing  Yes  No

Date the symptoms first appeared: \_\_\_\_\_

If you have answered yes to any of the above-mentioned questions, you must self-isolate for a period of 14 days from the date you returned to Canada (as of March 12, 2020), from the last date of contact with a person diagnosed with, or suspected of being infected by, COVID-19 or the date you first experienced symptoms.

4. **Have you contacted Info-Santé at 1-877-644-4545?**  Yes  No

If so, please indicate below their recommendations:

\_\_\_\_\_  
\_\_\_\_\_

I confirm that the information above is accurate.

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Date

Please send a copy of this form by email to your immediate supervisor.