



## Yellowknives Dene First Nation (YKDFN) Visitor Self Declaration Form

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

Visitor's Name:	Personal Phone Number (mobile/home):
Visitor's Company/Organization:	Name of YKDFN Host:
Visiting Location:	

If the answer is "yes" to any of the following questions, access to the facility will be denied.

Self-Declaration by Visitor	
1	Have you had close contact (<6 feet) with or cared for someone diagnosed with COVID-19 within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you been in close contact with anyone who has exhibited cold or flu-like symptoms within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature (visitor): \_\_\_\_\_

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

**Note: If you plan to be onsite for consecutive days, please immediately advise your YKDFN host if any of your responses change.**

Access to facility (circle one):    Approved    Denied