

COVID-19 (Corona Virus) Exposure Questionnaire

Applicant's Name:	Identification Number:

Please answer the following questions with as much detail as possible:

1. Are you, or have you been in close contact with anyone who has been quarantined or who has been diagnosed with Novel Corona Virus (Covid-19)? If yes, please provide details.

Yes No

2. Have you ever been quarantined due to a possible exposure to Novel Corona Virus (Covid-19)?
If yes, please provide dates and locations.

Yes No

3. Have you been advised to be tested to rule in, or rule out, a diagnosis of Novel Corona Virus (Covid-19)?
Or, are you awaiting the result of a test which has already been submitted for the Novel Corona Virus (Covid-19)?

Yes No

4. Have you ever tested positive for the Novel Corona Virus (Covid-19)? If yes, provide the date of positive diagnosis.

Yes No

