

# Covid Assessment Form

**Date:** July 24, 2020  
**Name:** Sean Connelly  
**Date of birth:** 1978/12/09

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## **Symptoms**

New or worsening cough: No  
Fever > 38 C, chills, sweats): No  
Sore or hoarse throat: No  
Headache: No  
Nasal Congestion: No  
Sneezing: No  
Loss of smell or taste: No  
Shortness of breath: No  
Muscle aches: No  
Unusual fatigue: No  
Lesions on feet, toes, fingers: No  
Diarrhea: No

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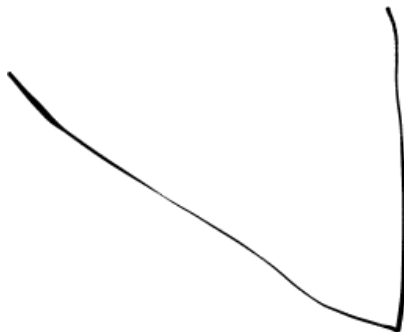
Have you travelled outside of Maritime Canada in the last 14 days (outside of NB, NS, PEI): Yes

Have you had close contact with Covid-19: Known case

Do you live within a known cluster as identified on the COVID-19 Hub: Community Cluster

Have you been tested for COVID-19: No

Date of test: NA

A handwritten signature in black ink, consisting of a large, stylized 'V' or 'W' shape with a vertical line extending upwards from the right side.