

SELF-ISOLATION COMPLETION CHECKLIST

CCTB requires each student to submit proof of completion of their 14-day self-isolation. This form must be completed and emailed to covidhelp@canadianctb.ca within 48 hours of your self-isolation ending.

The CCTB Student Affairs team must acknowledge receipt of this form before you will be allowed to visit CCTB campuses.

| Name: |
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| Student Number: |
| Self-Isolation End Date: |
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| □ I confirm that the above information is correct. |
| □ I confirm that I have no symptoms of COVID-19. |
| $\scriptstyle\square$ I have called 8-1-1 and have gotten clearance from a medical professional. |
| □ I confirm that the above information is correct. |
| □ I will submit this completed form to covidhelp@canadianctb.ca within 48 hours of my self-isolation period ending. |
| |
| Signature: |
| Date: |
| Send this form to covidhelp@canadianctb.ca |

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