

Appointment Request Form

To protect all students, staff, and visitors, we require clients to complete the following form before booking an appointment.

When possible, students and clients are encouraged to access services online.

Priority will be given to students and clients without internet access or who need to sign contracts, pick up books or pay cash.

CLIENT INFORMATION

First Name:

Last Name:

Email:

Telephone:

REASON FOR VISIT:

New registration

Co-op consultation

Course information/consultation

CLBPT

Payment

Postponement or schedule change

Student record pick-up

Refund

Other:

COVID-19 SCREENING:

Pre-appointment

Have you been diagnosed with COVID 19 or had any symptoms in the last ten (10) days that could be COVID 19 (fever, chills, cough, shortness of breath etc)?

Yes No

Have you been directed by Public Health to self-isolate?

Yes No

Did you arrive from outside Canada in the past fourteen (14) days?

Yes No

Have you been in contact with a confirmed COVID 19 case or with someone who has been directed by Public Health to self-isolate in the past fourteen (14) days? Yes No

Day of appointment

Have you been diagnosed with COVID 19 or had any symptoms in the last ten (10) days that could be COVID 19 (fever, chills, cough, shortness of breath etc)?

Yes No

Have you been directed by Public Health to self-isolate?

Yes No

Did you arrive from outside Canada in the past fourteen (14) days?

Yes No

Have you been in contact with a confirmed COVID 19 case or with someone who has been directed by Public Health to self-isolate in the past fourteen (14) days? Yes No