

# 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.

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## CLIENT INFORMATION

**First Name:**

**Last Name:**

Email:

Telephone:

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## REASON FOR VISIT:

- |  |  |
|--|--|
| <input type="checkbox"/> New registration                | <input type="checkbox"/> Co-op consultation              |
| <input type="checkbox"/> Course information/consultation | <input type="checkbox"/> CLBPT                           |
| <input type="checkbox"/> Payment                         | <input type="checkbox"/> Postponement or schedule change |
| <input type="checkbox"/> Student record pick-up          | <input type="checkbox"/> Refund                          |
|  | <input type="checkbox"/> <b>Other:</b>                   |

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## COVID-19 SCREENING:

### Pre-appointment

Have you or any member of your household 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 or anyone in your household 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 or anyone in your household 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

### Appointment

Have you or anyone in your household 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)?

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