

# Appointment Request Form

To protect all students, staff, and visitors, we require clients to complete the following form before visiting LCC. When possible, students and clients are encouraged to access services online.

**Currently, we do not accept cash payments.**

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## CLIENT INFORMATION

**First Name:**

**Email:**

**Last Name:**

**Telephone:**

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## REASON FOR VISIT

- New registration
- Course information/consultation
- Payment
- Student record pick-up

- Co-op consultation
- CLBPT
- Postponement or schedule change
- Refund

**Other:**

**Appointment date:**

**Room:**

**Appointment time:**

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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

*You answered **YES** to any question from 1 through 4. You cannot visit LCC at this time. Please contact us [info@LCC.issbc.org](mailto:info@LCC.issbc.org) or 604-684-2325 to discuss your options.*

### 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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