Attachment iii – COVID-19 Attendance Register

(All Adults and Cadets must sign this register - one register per activity and date i.e.: LHQ, RDA, NDA etc.)

Corps/Sqn:			**Activity Location:**		
OPI:			**OPI Contact Info:**		
OPI Signature:			**Date:**		
CIC/ CI/ Cadet/ CV	**Last Name**	**First Name**	**PHM** YES/NO	**Signature** (by signing you are stating that you have NO symptoms as outlined on the COVID-19 Screening Questionnaire)	**Comments** (if any individual has symptoms or refuses to complete the COVID-19 Screening Questionnaire, they should be sent home with recommendations to see their family clinician before returning to any cadet activity.)

Retain register for 6-months and then destroy **Page: _____ of _____ (per activity)**