

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.)