



Bahamas
Technical & Vocational Institute

**Health and Safety Student Waiver Form Part B
(To be Completed at the Beginning of Each Semester)**

The safety of all employees, students, families, and visitors remains BTVI's priority. To prevent the spread of COVID-19 and reduce the potential risk of exposure to all parties, BTVI is conducting a simple screening questionnaire with this waiver. Your participation is important to help us take precautionary measures to protect you while on campus. Please select either yes or no for your answers.

1. Have you been fully vaccinated against COVID-19? YES NO
2. Have you been partially vaccinated against COVID-19? YES NO
3. Have you had close contact/been diagnosed with COVID-19 in the last 14 days? YES NO
4. Have you experienced any of the symptoms listed below in the last 14 days? **Select all that apply:**
 - Fever
 - Chills
 - Cough
 - Sore Throat
 - Respiratory illness
 - Difficulty breathing
 - Loss of taste or smell

If I display any of the above symptoms I will stay home, notify my instructor(s) and seek medical care to obtain a physician's note stating it is safe to return to class. _____ (initial).

If the answer is "yes" to questions 3 or 4, access to campus will be denied until a physician's note is delivered and a negative COVID-19 test result and/or quarantine release letter from the Ministry of Health is received.

Boot Camp Course(s):

Course Name	Course Code & Section	Semester/ Session	Instructor

Student's Signature

Print Name of Student

Date

Signature of Parent/Guardian
(Required if student is under the age of 18)

Print Name of Parent/Guardian

Date