



Date: _____

NTC Intake Screening Questions

Client Name: _____

- YES ____ No ____ Do you currently have or have recently been exposed to anyone with a cold or flu symptoms?
(Cough, Fever, Runny nose, sore throat, or difficulty breathing?)
- Yes ____ No ____ Have you been travelling from your home recently?
- Yes ____ No ____ Have you been isolating recently due to your own illness or possible exposure?

If the answer is YES to any of these questions, we would ask for more information to clarify your acceptance.

If you have possible exposure, please wear a mask, and if illness, please disclose and stay at home.

Please Confirm that you have all your Covid Vaccinations UpToDate. [Please attach a copy of proof of vaccination.](#)

If not Vaccinated, please start the process prior to attending treatment.

Date of 1st vaccination: _____

Please confirm that your self-isolated as part of this admission process. Yes ____ No ____

Have you completed the travel proof of transportation home? Yes ____ No ____

Referral Worker signature: _____

Client signature: _____



Covid Information

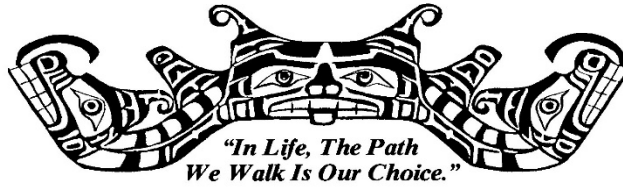
- Covid vaccinations are up to date, or you have started the process of vaccination.
- Distancing – staying 2 meters (6 feet) away from either staff or clients.
- Respecting the distancing measures in all common area by following the limits in place.
- Washing your hands regularly throughout the day with warm-soapy water, particularly before and after meals.
- Avoid touching your face, sneeze or cough into your sleeve or tissue, then wash your hands.
- Hygiene practices will be covered upon arrival.
- Self-care, focusing on self and the things, I CAN control such as washing my hand, balanced sleep, eating well, etc...

Doing my work:

- i) Participate wholeheartedly in the program.
- ii) Honor my culture and traditions.
- iii) Practice prayer and meditation.
- iv) Take in fresh air and exercise keeping social distancing.
- v) Take it one day at a time.

___ I agree to arrive at Port McNeil ferry terminal at a scheduled time as arranged with the NTC Intake Coordinator.

___ I accept that no access to Cormorant Island will be permitted for my driver and other passengers.



If your client agrees and complies with the above requirements for admission, please have them sign below and fax back to the Intake Coordinator at 250-974-2257 or email to Mary.Hunt@namgis.bc.ca

By signing below, I the client, _____ agree that I acknowledge, accept, and understand the guidelines above are meant for my safety and protection, as well for my fellow clients residing at the NTC.

I _____ am aware that I have a proof of transportation document completed and support in place in the event that I need to leave immediately.

Client Name: _____ DOB: _____ Date: _____

Client Signature: _____

We look forward to working with you to ensure your success. If you have any questions or concerns, please call, 250-974-5522 ext. 2131 or email Mary.Hunt@namgis.bc.ca.

Admission confirmation will be sent upon receipt of this signed agreement.

In the spirit of healing,

All NTC staff

'Namgis Treatment Centre

Please ensure that your client has blister packed Medications, personal hygiene items, identification, comfort allowance, be mindful that you are here for 6 weeks.