

Health Declaration for COVID-19

<p>1) Are you fully vaccinated against COVID-19 or have you tested positive for COVID-19 in the last 90 days and since been cleared?</p>	<p>Yes /No</p>
<p>2) Are you currently experiencing any of these issues?</p> <ul style="list-style-type: none"> • Severe difficulty breathing • Severe chest pain • Feeling confused or unsure of where you are • Losing consciousness 	<p>Yes /No</p>
<p>3) Are you currently experiencing any of these symptoms?</p> <ul style="list-style-type: none"> • Fever and/or chills • Cough or barking cough (croup) • Shortness of breath • Decrease or loss of taste or smell • Muscle aches/joint pain • Extreme tiredness 	<p>Yes /No Yes /No Yes /No Yes /No Yes /No Yes /No</p>
<p>4) In the last 10 days, have you been identified as a “close contact” of someone who currently has COVID-19?</p>	<p>Yes /No</p>
<p>5) Have you been in close physical contact with someone who either:</p> <ul style="list-style-type: none"> • is sick with a new cough, fever, difficulty breathing, or other symptoms associated with COVID-19 in the last 10 days? <p style="text-align: center;">or</p> <ul style="list-style-type: none"> • returned from outside of Canada in the last 14 days? 	<p>Yes /No</p>

<p>Close physical contact means any of the following while not wearing the appropriate personal protective equipment (PPE):</p> <ul style="list-style-type: none"> • being less than 2 metres away in the same room, workspace, or area • living in the same home • being in the same classroom <p>If the person with symptoms got a COVID-19 vaccine in the last 48 hours and is experiencing mild fatigue, muscle aches, and/or joint pain that only began after vaccination, select “No.”</p>	
<p>6) In the last 14 days, have you travelled outside of Canada?</p>	<p>Yes /No</p>

I hereby declare and confirm that all the information given above is true and accurate.

Name: _____

Signature: _____

Date: _____