

COVID Free Declaration

I, the undersigned, hereby affirm that [Insert Name] has none of the following symptoms:

- fever over 38 degrees Celsius or symptoms of a fever (fatigue, chills, sweats, muscle aches, light headedness);
- new onset of a cough or worsening of a previous cough or shortness of breath;
- sore throat, runny nose or headache;
- loss of sense of smell or appetite;
- GI symptoms of diarrhea, nausea and/or vomiting.

[Insert Name] has not tested positive for COVID-19 in the past 5 days.

In the last 5 days, [Insert Name] has not:

- been in close contact with anyone who has tested positive with COVID-19;
- lived or worked in a setting that is part of a COVID-19 outbreak;
- been advised to self-isolate or quarantine at home by public health;

I declare that [Insert Name] has uploaded their proof of vaccination or Negative COVID test result, prior to this event

Name: _____

Date: _____

Complacency