



## Covid-19 information & declaration of health

Program Name: \_\_\_\_\_ Program Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2) is an infectious virus that causes the disease Covid-19. Covid-19 can be spread very easily between people. People can be infected and spread the disease to others, even before they are aware that they are sick. Currently there is no vaccine or preventative treatment for Covid-19. The most effective means of reducing risk of spreading or contracting the disease is to:

- Remain in self isolation and avoid all contact with people if you have tested positive for Covid-19; are exhibiting symptoms of Covid-19; have reason to believe you may be infected; or, have recently been in contact with a person who is infected (tested positive).
- Avoid all contact with people who are known to be infected; or, are suspected of being infected.
- Maintain a physical distance of 2+ meters from people (infected or not), except close members of your household.
- Follow strict personal hygiene habits including washing hands often; avoid touching your hands to your eyes, nose, or mouth; sneeze/cough into your sleeve or arm; and, avoid touching/sharing any communal surfaces.
- Wear a medical mask or face covering to reduce the risk of infecting others. A medical mask will protect others from you if you are carrying the coronavirus; it will not protect you from infection.

The purpose of this questionnaire is to ensure that everyone joining a Canada West Mountain School program has confirmed that they will pose little risk of transmission of the SARS-CoV-2 coronavirus. You will be asked to re-confirm your answers to these questions at the start of the program as well. All people who answer "Yes" to any of the Covid-19 screening questions will be contacted for further details and to discuss options. Please contact the CWMS office for information regarding refunds/rescheduling if you have any concerns about your health while on a CWMS Program.

**If you answer "Yes" to either of the first 2 questions, please contact your physician, local health clinic, or call 8-1-1.**

### COVID-19 DECLARATION OF HEALTH

**Are you currently experiencing any Covid-19 symptoms? (fever, cough, respiratory issues, sore throat, etc.)**

Yes  No

If "YES" please provide details \_\_\_\_\_

**Do you have any reason to believe you have Covid-19 now, or within the past 14 days?**

Yes  No

If "YES" please provide details \_\_\_\_\_

**Have you been in contact with anyone in the past 14 days who has Covid-19?**

Yes  No

If "YES" please provide details \_\_\_\_\_

**Have you travelled outside of Canada, or to another Province in Canada, within the past 14 days?**

Yes  No

If "YES" please provide details \_\_\_\_\_

I, the undersigned, attest that the information I have provided on this form is complete and accurate. If any of the above information changes prior to, or during the activity, I will inform CWMS (or the instructor/guide) so that the changes can be recorded. **I also agree to inform CWMS if I develop any symptoms or test positive for Covid-19, within 14 days after the activity is completed.**

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_