



Covid-19 information & declaration of health

Program Name: _____ Program Date: _____

Participant Name: _____ Telephone # _____

BACKGROUND INFORMATION – COVID-19

SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2) is an infectious virus that causes the disease Covid-19. Covid-19 can spread very easily between people. People can be infected and spread the disease to others, even before they are aware that they are sick. The most effective means of reducing risk of spreading or contracting the disease is to:

- Wear a mask or face covering that may help to reduce the risk of infecting others. A mask may help to protect others from you if you are carrying the coronavirus, but it will not protect you from getting infected from another person.
- Maintain a physical distance of 2+ meters from people (infected or not), except close members of your household.
- 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 (has tested positive).
- Avoid all contact with people who are known or suspected to be infected.
- 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.

DECLARATION OF HEALTH AND EXPOSURE TO COVID-19

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 Covid-19. You will be asked to re-confirm your answers to these questions at the start of the program as well. Answering "Yes" to these questions will not necessarily deny you access to the program. All people who answer "Yes" to any screening questions will be contacted for further details and to discuss options. Contact the CWMS office for information regarding 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, difficulty breathing, 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, or who has Covid 19 symptoms??

Yes No

If "YES" please provide details _____

Have you travelled outside of 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 _____