

**COVID 19 SELF MONITORING and HEALTH DECLARATION FORM**

Please print this form, complete it DAILY, and submit to volunteer staff at The Spire during check in.

Name (please print): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that I am not experiencing any of the following COVID 19 symptoms:

- Fever or chills
- Cough
- Sore throat. trouble breathing
- Runny nose, nasal congestion
- Difficulty breathing/shortness of breath
- Nausea, vomiting, diarrhea, abdominal pain
- Decrease or Loss of taste or sense of smell
- Extreme fatigue, sore muscles

Within the last 14 days, I have NOT:

- Travelled to or from any countries outside Canada
- Provided care to, or had close contact with, a Covid-19 symptomatic person
- Had close contact with a person who has travelled outside Canada during the last 14 days who has become ill or exhibited any of the symptoms above

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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