

Township of Norwich

Declaration Form (COVID-19)

This pre-screening measure is intended to determine whether you are likely to have been exposed to COVID-19. Please complete this form prior to entering the Community Centre and upon each visit.

I declare that:

- I currently have no symptoms of COVID-19 or if I do, these are related to a known cause or condition: (fever or chills, difficulty breathing, shortness of breath, cough, sore throat or trouble swallowing, runny nose or congestion, decrease or loss of smell or taste, nausea, vomiting, diarrhea, abdominal pain, extreme tiredness, sore muscles).
- I have not travelled outside of Canada in the past 14 days.
- I have not been in contact with anyone with a confirmed or probable case of COVID-19.

You are hereby informed that the Township of Norwich will continue to take all reasonable and necessary health and safety precautions, including measures to ensure social distancing and high levels of hygiene in our workplace. You will be required to adhere to these for your own health and safety.

Confirmation

I, the undersigned, confirm that I have completed this form in good faith and certify that all information in this form is true and correct to the best of my knowledge. I understand that visiting the Community Centre if I have been potentially exposed to COVID-19 poses a grave risk to the health and wellness of others.

Name: _____

Contact Number: _____

Signature: _____

Date: _____