



ACCESSIBILITY:

To request this file in large print, please email aoda@wcdsb.ca or call (519) 578-3660.

Note:

- Anyone entering any Waterloo Catholic District School Board (WCDSB) building must conduct a self-assessment **DAILY** to confirm that they do not have any of the symptoms or meet any of the conditions listed below. Secondary students, staff, and visitors must provide confirmation that they have completed this self-assessment; elementary students do not need to provide confirmation.
- If you cannot confirm **ALL** of the statements below, please do not enter **ANY** WCDSB buildings.
- If you wish to attest using paper, please print this form and sign below. Staff wishing to attest electronically, please visit: [FOI004Fa COVID-19 Self-Screening Attestation](#)

This information will be used to support the WCDSB COVID-19 Pre-screening process and will only be shared with the local Medical Officer of Health and appropriate board staff as required.

Please read and confirm that the following statements are true:

1. I do **NOT** exhibit any of the symptoms listed below:
 - a. Fever and/or chills
 - b. Cough or barking cough (croup)
 - c. Shortness of breath
 - d. Decrease or loss of taste or smell
 - e. Sore throat or difficulty swallowing
 - f. Runny or stuffy/congested nose
 - g. Headache
 - h. Nausea, vomiting and/or diarrhea
 - i. Extreme tiredness or muscle aches
 2. I do **NOT** live with anyone who is currently displaying any of the above symptoms, experiencing any new COVID-19 symptoms, and/or waiting for test results after experiencing symptoms.
 3. I have **NOT** travelled outside of Canada in the last 14 days.
 4. I have **NOT** been identified as a 'close contact' of someone who currently has COVID-19 within the past 14 days.
 5. I have **NOT** received a COVID-19 Alert exposure notification on my cell phone within the past 14 days.
 6. I have **NOT** been told to self-isolate (staying at home) by a doctor, health care provider, or public health unit.
- I confirm that all of the statements above are **TRUE**.

Name of Student, Staff, or Visitor: _____

Date: _____ Signature: _____

Date: _____ Signature: _____



Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Disclaimer

Personal information on this form is collected under the authority of the Education Act s.265(1)(m), and MFIPPA s. 28(2). Information on this form will be used to support the WCDSB COVID-19 Pre-screening process. Questions regarding the collection of this information should be directed to privacy@wcdsb.ca.

Completed by: Student/Staff/Visitor
Distribution: N/A
Retention: Transitory