COVID-19 SELF-SCREENING Attestation

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: Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher
   b. Cough or barking cough (croup): Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, or other known causes or conditions you already have)
   c. Shortness of breath: Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions you already have)
   d. Decrease or loss of taste or smell: Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have
   e. Sore throat or difficulty swallowing: Painful swallowing (not related to seasonal allergies, acid reflux, or other known causes or conditions you already have)
   f. Runny or stuffy/congested nose: Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have
   g. Headache: Unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have)
   h. Nausea, vomiting and/or diarrhea: Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions you already have
   i. Extreme tiredness or muscle aches: Unusual, fatigue, lack of energy, poor feeding in infants (not related to depression, insomnia, thyroid dysfunction, sudden injury, or other known causes or conditions you already have)

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.

FOI004F, MAR 2021

Page 1 of 2
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: ______________________________________________________

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