

Appendix C

Athletics Canada COVID 19 Daily Attestation & Questionnaire

Date: _____

I attest that I am not experiencing any symptoms of illness such as a fever, cough, difficulty breathing, shortness of breath or malaise (Severe fatigue or feeling of being generally unwell). If I develop these symptoms, I agree that I will leave the premises immediately and immediately inform the facility manager and / or my coach.

I am aware that I must follow Provincial, Municipal and Facility specific safety and hygiene protocols.

I attest that:

- I have not travelled internationally in the past 14 days.
- I have not travelled to an area highly impacted by COVID-19 within Canada in the past 14 days.
- I have not and do not believe that I have been exposed to a person with a confirmed or suspected case of COVID-19.

I attest that:

- I have not been diagnosed with COVID-19.

OR

- I have been diagnosed with COVID-19 and been cleared as noncontagious by provincial or local public health authorities.

(Confirmation from a medical practitioner will be required and maintained in a confidential file by the organization)

I acknowledge and agree that I will follow recommended Provincial, Municipal and facility guidelines, laws and protocols in order to reduce the spread of COVID-19.

I acknowledge that the forgoing statements are true.

Adult Participant: Printed Name _____

Date of Birth _____

Participant Phone Number _____

Participant's Signature _____

Organization _____