



SELF-DECLARATION FORM—COVID-19

NAME: _____
CONTACT NUMBER: _____

- 1) What is the purpose of your face-to-face meeting?
 Training Flight Ground Briefing
- 2) Do you have symptoms of cold or flu? I.e. runny nose, fever, sore throat, cough?
 YES NO
- 3) Have you travelled outside of Canada in the past 14 days?
 YES NO
- 4) Have you attended highly crowded gatherings in the past 14 days? I.e. churches, seminars, sport events etc.
 YES NO
- 5) Have you had contact or cared for someone diagnosed with COVID-19 within the last 14 days?
 YES NO
- 6) Have you had close contact with anyone who has symptoms of cold or flu in the last 14 days?
 YES NO
- 7) Is your body temperature currently outside the Normal Range? Recorded Value: _____
 YES NO (Normal Range is 36.4–37.6°C)

By signing below, I certify all information is true and correct to the best of my knowledge.

PERSON'S SIGNATURE: _____ DATE: _____

If you have answer YES to ANY of the questions above, please cancel your meeting. If you have answered NO to all of the above question, *please send an electronic version of this copy one hour prior to the scheduled meeting time.*