



**PARKLAND SCHOOL DIVISION
 COVID-19 NEGATIVE TEST DECLARATION
 For Substitute Teachers and Casual Support Staff**

PROVINCE OF ALBERTA, CANADA)

TO WIT:)

I _____, **ACKNOWLEDGE THE FOLLOWING:**

Under the direction of the Chief Medical Officer of Health for the Province of Alberta:

1. Any person with COVID-19 related symptoms must stay home, seek health care advice as appropriate, and fill out the AHS Online Self-Assessment tool to determine if they are legally required to self-isolate for a period of ten days, if they are recommended to get a COVID-19 test or if they are strongly advised to stay home and minimize contact with others until they are feeling better.
2. A ten (10) day self-isolation period is required from the time of the appearance of the following symptoms:
 - a. Fever
 - b. Cough (new cough or worsening chronic cough)
 - c. Shortness of breath or difficulty breathing (new or worsening)
 - d. Runny nose
 - e. Sore throat

If you have any of the following symptoms, stay home and minimize your contact with others until your symptoms resolve: (You **DO NOT** need to fill out this form for the following symptoms.)

- Chills
- Painful swallowing
- Stuffy nose
- Headache
- Muscle or joint aches
- Feeling unwell, fatigue or severe exhaustion
- Gastrointestinal symptoms (nausea, vomiting, diarrhea or unexplained loss of appetite)
- Loss of sense of smell or taste
- Conjunctivitis, commonly known as pink eye

If you tested negative and have no known exposure to the virus, you are not legally required to isolate. However, it is important to stay home until your symptoms resolve so that you do not infect others.

THEREFORE, I DECLARE:)

That, upon showing symptoms for COVID-19, I completed one of the following requirements for permission to return to work:

1. I completed a COVID-19 test through Alberta Health and received a diagnosis of **NEGATIVE** for COVID-19;
OR
2. I completed ten (10) days of self-isolation and I am **NOT** exhibiting any further COVID-19 symptoms.

Declared before me at (place) _____,

Alberta on the (day) _____ day of (month) _____,

(year) _____.

Signature _____

Supervisor/Principal Name _____

 Signature of Staff Member