

ONGOING SELF-MONITORING DECLARATION FORM

By signing this declaration:

I agree to self-monitor for the presence of COVID-19 in my personal health using the information given in the Saskatchewan Self-Assessment Tool and watch for the following symptoms:

Fever	Dizziness
Cough	Fatigue
Headache	Nausea/vomiting
Muscle and/or joint pains or aches	Diarrhea
Sore throat	Loss of appetite
Chills	Loss of sense of taste or smell
Runny nose	Shortness of breath
Nasal congestion	Difficulty breathing
Conjunctivitis	

- Should I experience symptoms related to the presence of COVID-19, I agree to call the Health Line 811 and follow the instructions given with regard to testing.
- I understand that to protect the staff and students in the Division it is my responsibility to self-isolate if I experience COVID-19 symptoms until such time as I have been cleared for return by medical professionals. I agree to self-isolate as directed by medical health professionals and as specified in AP 161A – Infectious Diseases – COVID-19.
- I agree that I will notify my Principal or Supervisor immediately if test results show I am positive for COVID-19.
- I have read and understand AP 161A Infectious Diseases – COVID-19.

Signature

Date

Printed Name