



## Declaration Form

### Return to Play After Quarantine

Anyone who has completed their quarantine (voluntary or forced) and no longer exhibits any symptoms of COVID-19 must complete the following declaration form before returning to play at Niagara Rapids to ensure the health and safety of everyone.

Please return the completed form to Becky Goertz, Health and Safety Representative (beckygoertz@gmail.com).

**Check off the situation that applies to your case, then complete the declaration associated with your situation:**

**Situation 1: Isolation following a trip from outside Canada - no symptoms**

I, \_\_\_\_\_, declare that I have no symptoms of COVID-19 (fever over 38°C, cough and/or difficulty breathing) and that I have completed 14 calendar days of quarantine (from the date of return from the trip) which began on \_\_\_\_ / \_\_\_\_ 2020.

**Situation 2: Isolation following a trip from outside Canada – with symptom(s), no hospitalization**

I, \_\_\_\_\_, declare that I have experienced one or more symptoms of COVID-19 (fever over 38°C, cough and/or breathing difficulties), that I have completed my isolation period of 14 calendar days (from the date of the first symptoms) which started on \_\_\_\_ / \_\_\_\_ / 2020, and that I have not been hospitalized for this problem.

In addition, I declare that I have not had a fever for at least 48 hours (without taking medication to lower the body temperature) and that I have not had any acute symptoms for at least 24 hours.

OR

I, \_\_\_\_\_, declare to have tested negative for COVID-19 and that I no longer have any acute symptoms.

→ A medical note will be requested upon your return.

**Situation 3: Isolation following a trip from outside Canada – with symptom(s) and with hospitalization**

I, \_\_\_\_\_, declare that I have experienced one or more symptoms of COVID-19 (fever over 38°C, cough and/or breathing difficulties), that I have completed my isolation period of 14 calendar days (from the date of the first symptoms) which started on \_\_\_\_ / \_\_\_\_ / 2020, and that I have been hospitalized for a presumptive or confirmed COVID-19 infection.

In addition, I declare that I have not had a fever for at least 48 hours (without taking medication to



lower the body temperature) and that I have not had any acute symptoms for at least 24 hours.

Lastly, I declare that I have obtained a two negative tests for COVID-19 (if public health has deemed these tests necessary).

→ A medical note will be requested upon your return.

**Situation 4: Isolation following the onset of one of the symptoms of COVID-19 - no hospitalization**

I, \_\_\_\_\_, declare that I have experienced one or more symptoms of COVID-19 (fever over 38°C, cough and/or breathing difficulties), that I have completed my isolation period of 14 calendar days (from the date of the first symptoms) which started on \_\_\_\_ / \_\_\_\_ / 2020, and that I have not been hospitalized for this problem.

In addition, I declare that I have not had a fever for at least 48 hours (without taking medication to lower the body temperature) and that I have not had any acute symptoms for at least 24 hours.

OR

I, \_\_\_\_\_, declare to have tested negative for COVID-19 and that I no longer have any acute symptoms.

→ A medical note will be requested upon your return.

**Situation 5: Isolation following the onset of one of the symptoms of COVID-19 – With hospitalization**

I, \_\_\_\_\_, declare that I have experienced one or more symptoms of COVID-19 (fever over 38°C, cough and/or breathing difficulties), that I have completed my isolation period of 14 calendar days (from the date of the first symptoms) which started on \_\_\_\_ / \_\_\_\_ / 2020, and that I have been hospitalized for a presumptive or confirmed COVID-19 infection.

In addition, I declare that I have not had a fever for at least 48 hours (without taking medication to lower the body temperature) and that I have not had any acute symptoms for at least 24 hours.

Lastly, I declare that I have obtained two negative tests for COVID-19 (if public health has deemed these tests necessary).

→ A medical note will be requested upon your return.

**Situation 6: Isolation due to having tested positive for COVID-19**

I, \_\_\_\_\_, declare to have completed my isolation period of 14 calendar days (from the date of the first symptoms) which began on \_\_\_\_ / \_\_\_\_ / 2020, that I have not had a fever for at least 48 hours (without taking medication to lower the body temperature) and



that I have not had any acute symptoms for at least 24 hours.

In addition, I declare that I have obtained two negative tests for COVID-19 (if public health has deemed these tests necessary).

→ A medical note will be requested upon your return.

**Situation 7: Isolation without symptoms and having had close contact \* with a person confirmed to have COVID-19**

**Option A:** I, \_\_\_\_\_, declare having received a confirmation of negative tests to COVID-19 and medical confirmation which authorizes my return to work.

→ A medical note will be requested upon your return.

**Option B:** I, \_\_\_\_\_, declare that I have not been tested of COVID-19 by public health according to their recommendation, that I have completed my compulsory isolation period of 14 calendar days which began on \_\_\_\_ / \_\_\_\_ / 2020, and that I have not been hospitalized for this problem.

In addition, I declare that I have not had a fever for at least 48 hours (without taking medication to lower the body temperature) and that I have not had any acute symptoms for at least 24 hours.

**Situation 8: Isolation due to close contact \* with a person who has returned from outside the country within the past 14 days and who has experienced symptoms of COVID-19**

**Option A:** I, \_\_\_\_\_, declare having received a confirmation of negative tests to COVID-19 and a medical confirmation which authorizes my return to work.

→ A medical note will be requested upon your return.

**Option B:** I, \_\_\_\_\_, declare that I have not been tested of COVID-19 by public health according to their recommendation, that I have completed my compulsory isolation period of 14 calendar days which began on \_\_\_\_ / \_\_\_\_ / 2020, and that I have not been hospitalized for this problem.

In addition, I declare that I have not had a fever for at least 48 hours (without taking medication to lower the body temperature) and that I have not had any acute symptoms for at least 24 hours.

**Situation 9: Isolation due to close contact \* with a person who has experienced one or more symptoms of COVID-19**

**Option A:** I, \_\_\_\_\_, declare having received a confirmation of negative tests to COVID-19 and a medical confirmation which authorizes my return to work.



→ A medical note will be requested upon your return.

**Option B:** I, \_\_\_\_\_, declare that I have not been tested of COVID-19 by public health according to their recommendation, that I have completed my compulsory isolation period of 14 calendar days which began on \_\_\_\_ / \_\_\_\_ / 2020, and that I have not been hospitalized for this problem.

In addition, I declare that I have not had a fever for at least 48 hours (without taking medication to lower the body temperature) and that I have not had any acute symptoms for at least 24 hours.

**To be completed by all, regardless of your situation:**

I hereby confirm that my declaration made on this form is true. I agree to immediately inform the Niagara Rapids Health and Safety representative of any change in my current state of health.

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Name (in printed letters)

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Signature

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Date

**\* A person who has had close contact is defined as:**

- A person who provided care to a sick person
- A person who has had other similar close physical contact without the proper use of personal protective equipment
- A person who has lived with or had close and prolonged contact (less than a two-metre distance) with the sick person while he/she was contagious or
- A person who has had direct contact with infectious body fluids of the sick person (for example, was nearby when the sick person coughed or sneezed) without wearing personal protective equipment