



DECLARATION FOR RETURN TO WORK (STAFF)

PROVINCE OF ALBERTA, CANADA

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

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 (City or Town) _____,

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

(year) _____.

Principal Name _____

Principal Signature _____

SIGNATURE OF STAFF MEMBER

