

# BLHPSI Wheat City Schooling Show      Self-Declaration of Health

I understand the novel coronavirus causes the disease known as COVID-19. I understand the novel coronavirus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

I verify I have had my questions answered regarding the increased precautions put in place to manage the above concerns regarding COVID-19 and its transmission. I verify the information on this form is truthful and accurate.

1. Do you or the person you are inquiring about have any of the following symptoms: severe difficulty breathing (e.g. struggling for each breath, speaking in single words), chest pain confusion, extreme drowsiness or loss of consciousness?  
Make a selection  
 Yes  No
2. Do you or the person you are inquiring about have shortness of breath at rest or difficulty breathing when lying down?  
Make a selection  
 Yes  No
3. Do you have a new onset of any of the following symptoms: fever, cough, sore throat, shortness of breath?  
Make a selection  
 Yes  No
4. Do you have a new onset of any of the following symptoms: runny nose, muscle aches, fatigue, loss of taste or smell, headache, hoarse voice or nausea, vomiting or diarrhea for more than 24 hrs?  
Make a selection  
 Yes  No
5. Have you been in contact in the last 14 days with someone that is confirmed to have COVID-19?  
Make a selection  
 Yes       No
6. Have you been in a setting in the last 14 days that has been identified as a risk for acquiring COVID-19, such as on a flight, at a workplace or an event.  
Make a selection  
 Yes       No
7. Have you traveled outside of Manitoba in the last 14 days, excluding personal travel to border communities?  
(Note that workers who routinely travel inter-provincially for work and those involved in commercial transportation of goods and services are excluded)  
Make a selection  
 Yes       No

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Name

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Signature

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Date