



Coronavirus Self Declaration

First Name

Last Name

Email Address

Street Address

City

Province

Postal Code Phone #

Are you travelling as an individual or in Part of a group

individual group

Name of your group

Arrival Date at the Bethlehem Centre

Departure Date at the Bethlehem Centre

Have you travelled abroad in 2020?

Yes No

Have you been in contact with people infected, suspected of, or diagnosed with COVID-19?

Yes No

If yes, state your relationship with the people and your last contact with them.

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Cough Yes No

Persistent chest pain Yes No

Shortness of Breath Yes No

Fever Yes No

Temperature recorded upon Arrival

I acknowledge that the information I have given is accurate and complete.

Signed

Date

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