spirituality without borders
bethlehem centre

Coronavirus Self Declaration Form

First Name: .....

Last Name: .....

Street Address: .....

Province: ..... Postal Code: .....

Phone #: .....

Email: .....

Have you travelled off Vancouver Island in the last 2 weeks?

☐ Yes ☐ No

Have you been in contact with anyone suspected or diagnosed with COVID 19 in the past 2 weeks?

☐ Yes ☐ No

Are you experiencing any of the following:

- Fever or chills
- Cough
- Loss of sense of smell or taste
- Difficulty breathing
- Sore throat
- Loss of appetite
- Extreme fatigue or tiredness
- Headache
- Body aches
- Nausea or vomiting
- Diarrhea

☐ Yes ☐ No

Have you gone for a recent COVID19 test, and are waiting for the results?

☐ Yes ☐ No

☐ I acknowledge that the information I have given is accurate & complete

☐ I agree to follow Bethlehem Centres, COVID Saftey Plan

Signed Date

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