PROVINCE OF ALBERTA, CANADA

I, ACKNOWLEDGE THE FOLLOW	ING:
Under the direction of the Chief Medical Officer of Health for the Prov	vince of Alberta:
 Any person with COVID-19 related symptoms must stay home appropriate, and fill out the AHS Online Self-Assessment tool tested. 	
 A ten (10) day self-isolation period is required from the time of the self-isolation period is required from the time of the self-isolation leading to the self-isolation leading to the elimination of the self-isolation leading to the	OUT the following: on of any COVID-19 symptoms, or
THEREFORE, I DECLARE:	
That, upon showing symptoms for COVID-19, I completed one of the f permission to return to work:	following requirements for
 I completed a COVID-19 test through Alberta Health and received COVID-19; OR I completed ten (10) days of self-isolation and I am NOT exhibs symptoms. 	-
Declared before me at Connections for Learning,	
Alberta on the (day) day of (month),	
(year)	
Signature	CICNATURE OF CTAFF ANDARED
Travis McNaughton Principal: Connections for Learning	SIGNATURE OF STAFF MEMBER