



BEV FACEY COMMUNITY HIGH

99 Colwill Blvd., Sherwood Park, AB T8A 4V5
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Student Name: _____ Date & Time of Convocation: _____

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 may still be contagious.

I understand that due to the frequency of visits of other graduates and guests with the characteristics of the novel coronavirus, that I have an elevated risk of contracting the novel coronavirus.

I confirm that none of our party are presenting any of the following symptoms of COVID-19 identified by Alberta Health Services:

- Fever greater than 38°C
- New cough or worsening chronic cough
- Sore throat or painful swallowing
- New or worsening shortness of breath
- Difficulty breathing
- Flu-like symptoms
- Runny nose

I confirm that none of our party are currently positive for COVID-19.

I confirm that none of our party are currently under investigation for a positive COVID-19 CASE or for connection to an active positive COVID-19 case.

I confirm that none of our party has travelled outside of Canada in the past 14 days.

I confirm that none of our party has been identified as a contact of someone who has tested positive for COVID-19 within the last 14 days or been asked to self-isolate by Alberta Health.

I verify that the information I have provided on this form is truthful and accurate.

Signature of Student Parent/Guardian

Guest Name	Phone Number and/or Email