

4-H Nova Scotia Club/County/Region/Provincial Screening Declaration



Club/County/Region/Province _____

The safety of our members, leaders, parents, and volunteers is 4-H Nova Scotia’s top priority. In accordance with the Nova Scotia Minister of Health, we have met all necessary protocols and are in compliance to operate. To further ensure compliance throughout the coming days, weeks, and months, we must pre-screen everyone who participates in 4-H meetings/events on a daily basis. As it is in everyone’s best interest to check-in, please do your part in avoiding unnecessary spread of COVID-19 virus.

ALWAYS stay home if you or anyone in your household is sick or has been exposed to the COVID-19 virus.

Upon entry to the meeting/event location, you are required to check-in and sign the following Declaration regarding your health.

You are expected to respect social distancing and handwashing/disinfecting practices. Zero tolerance is in effect.

Self-Declaration	
1	I understand the risks of coming into contact with other people during the COVID-19 global pandemic at the meeting/event facility. I understand that I could become infected with COVID-19 while at the meeting/event facility. I agree to waive all liability and to indemnify with the facility for damages that may be incurred by the facility as a result of any misstatement in this self-declaration
2	Do you have any of the following COVID-19 symptoms: Fever/feverish, cough, sore throat, headache, runny nose, a new cough or worsening chronic cough, new onset of fatigue, diarrhea, loss of taste or smell; in children, purple markings on the fingers and toes? If you answered YES to any and have one (1) or more symptoms, stay home and do not return until you are fully recovered. If you answered YES, and have two (2) or more symptoms, self-isolate at home, and call 811.
3	If you answer YES to any of the following, you MUST stay home and self-isolate for 14 days: a. Have you had close contact with a confirmed case of COVID-19 within the last 14 days? b. Are you currently experiencing any symptoms of COVID-19? c. Have you visited any of the Public Health potential COVID-19 exposure sites in the past 14 days? d. Have you been told by Public Health that you may have been exposed to COVID-19? e. Are you, or anyone in your house, currently awaiting COVID-19 testing or results of COVID-19 testing?
4	I agree that, should circumstances arise, I have a duty to refrain from attending/participating in any 4-H activities where I may be in personal contact with others.
5	By signing this declaration, I agree that I have read and understood this declaration and that I have completed it to the best of my knowledge.