

# Mountainview Yoga Studio COVID-19 Information and Declaration of Health

Student name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2) is an infectious virus that causes the disease COVID-19. COVID-19 can be spread very easily between people. People can be infected and spread the disease to others, even before they are aware that they are sick. To reduce the risk of spreading or contracting the disease, Health Canada recommends:

- Remain in self-isolation and avoid all contact with people if you have tested positive for COVID-19, are exhibiting symptoms of COVID-19, have reason to believe you may be infected, or, have recently been in contact with a person who is infected (tested positive);
  - Avoid all contact with people who are known to be infected or are suspected of being infected
- Maintain a physical distance of 2+ meters from people (infected or not), except close members of your household;
- Follow strict personal hygiene habits including washing hands, avoid touching your hands to your eyes, nose, or mouth; sneeze/cough into your sleeve or arm, and, avoid touching/sharing any communal surfaces
- Wear a medical mask or face covering to reduce the risk of infecting others. A medical mask will protect others from you if you are carrying the coronavirus. Our medical health authorities believe wearing masks may protect us from infection. (wearing a mask during class is required for each student.)

The purpose of this questionnaire is to ensure that everyone joining a weekly class at Mountainview Yoga Studio has confirmed that they will pose no risk of transmission of the SARS-CoV-2 coronavirus. You will be asked as well to re-confirm your answers verbally to these questions each week prior to class.

**If you answer “Yes” to either of the first 2 questions, please contact your physician, local health clinic, or call 8-1-1.**

## COVID-19 Declaration of Health

**Are you experiencing and COVID-19 symptoms? (fever, cough, respiratory issues, sore throat, etc) Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details**

**Do you have any reason to believe you have COVID-19 now, or have been in contact with anyone suspected of having COVID-19 in the past 14 days?**

**Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please provide details**

**Have you travelled outside Canada or to another province within Canada in the past 14 days? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please provide details**

**Student Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Witness Signature \_\_\_\_\_, signed at Vancouver, BC**

