



COVID-19 VISITOR SCREENING DECLARATION FORM

To protect the health and safety of our students, ALL VISITORS to Cumberland Martial Arts Academy premises must complete this declaration form prior to entry.

If you do not complete this form, you will not be admitted to the premises.

Cumberland Martial Arts Academy is committed to taking every reasonable precaution to protect the health, safety and wellness of its Students, families and visitors. The purpose of this Visitor Screening Form (the “**Form**”) is to control access to our premises in order to protect the health and safety of those on the premises from the spread of or exposure to COVID-19.

The Form must be completed by each visitor prior to access. All of the information collected will be kept confidential (unless disclosure is required by law) and will be disposed of after 30 days. A Form must be completed for each visit and expires after each visit. If you are visiting with a child, a form must be completed on their behalf by their parent or their legal guardian/caregiver.

If you answer “Yes” to any of the following questions, we request you defer your visit and contact us online or over the phone as needed. If you answer “no” to all these questions, please print this Form and bring it with you when you visit. You will not be permitted to access the premises unless this Form has been completed and your visit is approved.

Acknowledgment and Consent:

I hereby consent to the collection, use and disclosure by Cumberland Martial Arts Academy of the following information for the purposes above.

Your Name	
Date and Time of the Visit	
Signature	

1.	Do you have a fever, cough, shortness of breath or breathing difficulty? *If yes, for your own safety, please consult a doctor immediately*	YES	NO
2.	Have you and/or a member of your immediate family or household had contact with: a) Anyone with a confirmed case of COVID-19 in the past 14 days? Anyone who had or may have had contact with a confirmed case in the past 14 days?	YES	NO
3.	Have you and/or any of your immediate family member(s)/household member(s) travelled outside of Canada in the past 14 days?	YES	NO
4.	Have you been issued with any of the following: a) Stay Home Notice/Leave of Absence? b) Home Quarantine Order?	YES	NO

Thank you for your understanding and co-operation.