



I, as an employee of Boyle Street Education Centre, will conduct the COVID - 19 self-assessment to assess my health condition on a daily basis prior to coming to work.

If I have any symptoms of COVID-19, or if I have been in contact with anyone who may have a suspected or confirmed case of COVID-19, I will inform the School Administration and I will not come to work.

I will endeavor to get tested within two days for a return to work. If the test is negative, and if I feel well, I will return to work. If the test is positive, I will inform the School Administration and follow the directions as laid out by Alberta Health Services Chief Medical Officer.

During the time of self-isolation and if I am well enough, I understand I may be employed in a different fashion as decided by the School Administration.

Signed \_\_\_\_\_

Date \_\_\_\_\_