



South Saskatchewan Youth Orchestra COVID-19 Declaration Form

Musician Name _____

Contact Details: Cell Phone/Home Number _____

Email Address _____

Please answer the following questions and sign below prior to every rehearsal you attend.

1 – Are you or anyone you share a residence with experiencing any Covid-19 symptoms?
(coughing, fever, shortness of breath)

Yes ____ No ____

2 – Have you travelled outside Canada in the past 14 days?

Yes ____ No ____

3 – Have you or anyone you share a residence with been in contact with any person demonstrating covid-19 symptoms in the past 14 days?

Yes ____ No ____

If you answer yes to any of these questions you are not to attend rehearsal at this time.

Declaration:

I declare that the responses above to be true and accurate. (Musicians under 18 will require a parent/guardian signature)

Date	Name	Signature