



Health Declaration Form - COVID-19 for Carpe Diem Parents/Grandparents

I _____ (full name and surname)

ID No: _____ hereby certify as follows:

I HAVE NOT:

- a. tested positive or presumptively positive with the Coronavirus or been identified as a potential carrier of the COVID-19 virus or similar communicable illness ("Coronavirus");
- b. experienced any symptoms commonly associated with the Coronavirus i.e.: **fever ($\geq 38^{\circ}\text{C}$), cough, sore throat etc.**
- c. been in any location positively designated as hazardous and/or potentially infected with the Coronavirus
- d. been in direct contact with or the immediate vicinity of any person I knew and/or now know to be carrying the Coronavirus or has been identified as a potential carrier of the Coronavirus.

I AGREE to notify the headmaster of the school, Annelize Floor, of any change in status, including diagnosis with Covid-19 or any contact with someone positively tested with Covid-19 and/or quarantine or any Covid-19 symptoms.

I WILL wear a mask, sanitize my hands and keep social distance.

I WILL consent to **having my temperature taken**.

Due to the nature of the CORONA virus **I ACKNOWLEDGE and ACCEPT** the potential risk of exposure to the virus during my work at school and will not keep Carpe Diem liable for any health risk associated with the Covid-19 virus.

I ACKNOWLEDGE and ACCEPT that this Declaration will be considered as my consent to Carpe Diem to disclose, share, record and store this Declaration with any relevant authority or service provider for the purposes of ensuring the safety and security of any and all third parties that may come in contact with me prior, during, and after entering the school grounds.

Signature

Date