**SSS CPHC, Daily Self Screener for Covid-19 Acknowledgement Form**

I , on the, day of, , 2021 acknowledge that I have read, understand and will complete the self-assessment for COVID-19 on the Ontario.ca website at <https://covid-19.ontario.ca/self-assessment/>. I will do so each day prior to participating in SSS - CPHC Programs day.

**Should I screen positive,** I will not attend the SSS - CPHC Program and will follow the guidelines from your local Public Health Unit around returning to SSS - CPHC Programs.

***It is recommended by CPHC that you have had 2 doses of the COVID-19 vaccine a minimum of 14 days prior to participating in SSS - CPHC Programs, unless you have been exempt from having the COVID-19 vaccination for medical reasons.***

Participant name (print) Signature