



# Pandemic – Self-declaration Form

Disclosure of exposure or illness is required in order to safeguard the health and safety of all participants. Information collected will be kept safely and any personal information will not be disclosed unless as required by law or with the individual's or guardian's expressed consent.

This form is to be completed by any individual or guardian who plans to participant in TVYAF Hosted Event. The form is to be completed and given to event organizers upon registration.

We require the form be completed not more than 24hrs in advance.

Individual Name:	
Date Form Completed:	
Date of Event:	
TVYAF Event:	

Please provide the following answers in confidentiality:

Question:	YES	NO
Have you experienced any cold or flu-like symptoms in the last 14 days; to include fever, cough, sore throat, respiratory illness, difficulty breathing, loss of taste or smell?		
Have you had close contact with or cared for someone diagnosed with COVID-19 or who is experiencing any cold or flu-like symptoms within the last 14 days?		
Have you or any member of your household tested positive for COVID-19 in the last 14 days?		
Have you been tested for COVID-19 in the past 14 days and are still waiting for results?		
Have you traveled from outside the country within the last 14 days?		

**I understand by answering yes to any of these questions, I will be asked to be absent on the day of the event.**

**By signing this form, I understand the risk involved with participating in a live event during a declared Disaster Emergency for the COVID-19 pandemic and certify that the above is true and accurate to the best of my ability.**

Name of Participant (printed): \_\_\_\_\_

Name of Guardian (printed, if applicable): \_\_\_\_\_

Signature of Participant or Guardian: \_\_\_\_\_