



This screening and safety agreement must be completed prior to or upon visiting Providence University College the Theological Seminary (hereafter Providence) and before participating in any on-campus activity.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is known to spread mainly by contact from person to person. Consequently, local, provincial and federal governmental authorities recommend various measures and prohibit a variety of behaviors, in order to reduce the spread of the virus. Every member and/or guest of the Providence University College and Theological Seminary (hereafter Providence) community must commit to abiding by the measures recommended by local authorities and by Providence in order to protect the health and safety of all members of our community. As followers of Jesus Christ, we recognize our responsibility to love all members of our community and the world by doing our part to prevent the spread of COVID-19.

Providence and its members commit themselves to comply with the requirements and recommendations of national, provincial, and local public health and other governmental authorities, and to put in place and adopt all necessary measures to that effect. However, Providence cannot guarantee that members of this community will not become infected with COVID-19. Attending on-campus activities at Providence could increase a person's risk of contracting COVID-19, despite all preventative measures put in place.

By signing this document,

SCREENING QUESTIONS

- 1) I declare that I am not currently experiencing a new onset of any of the following symptoms: Fever/chills, cough, loss of taste or smell, vomiting or diarrhea for more than 24 hours, sore throat/hoarse voice, shortness of breath.
- 2) I declare that I am not experiencing a new onset of TWO OR MORE of the following symptoms: runny nose, muscle aches, fatigue, conjunctivitis (pink eye), headache, nausea or loss of appetite, skin rash of unknown origin.
- 3) I declare that I have not been in close contact with someone that is suspected or confirmed to have COVID-19.
- 4) I declare that I have not travelled to any location outside of Manitoba in the last 14 days that requires a **14 day** self-isolation period upon return and that Manitoba health officials have not recommended that I self-isolate.
- 5) If I can no longer declare the above screening questions, I will not attend any of Providence's on-campus activities, programs, or services until I have been approved to return to campus activities by Providence.



6) If I can no longer declare the above screening questions and have been on the Providence campus in the last 14 days, I will inform Providence of my symptoms as promptly as reasonably possible, and I will communicate with Providence regularly to ensure the safety of the other members of the Providence community.

7) I recognize my responsibility to the other members of the Providence community and agree to abide by the requirements and recommendations of National, Provincial and local Public Health and other governmental authorities and to those special safety regulations put in place by Providence as it pertains to COVID-19 both on and off campus and to adopt all necessary measures to those effects. This may include but is not limited to: practicing social distancing of at least 6 feet from people not in my household, practicing good hand hygiene, recommended self-isolation after travel, wearing a non-medical mask in indoor public spaces as recommended by Providence or by the Province of Manitoba.

8) I recognize that failure to abide by the above recommendations may result in me no longer being permitted on the Providence campus temporarily or permanently and/or my dismissal from the institution.

This document will remain in effect until Providence, as per the direction of the national, provincial and local government and health officials, determines that the acknowledgments in this declaration are no longer required. This document is in addition to and does not replace all other Providence agreements and waivers.

I HAVE SIGNED THIS DOCUMENT FREELY AND WITH FULL KNOWLEDGE.

Name of Participant (print): _____

Name of Parent/Tutor/Legal Guardian (print): _____

(if participant is minor or cannot legally give consent)

Signature of Participant: _____ Signature of Parent/Tutor/Legal Guardian: _____

Date: _____