



# BRAHMA KUMARIS CALGARY

## COVID HEALTH DECLARATION AND CONSENT

**Brahma Kumaris Calgary** is committed to provide safe and healthy environment for every individual. Thus, we require each attendee who are visiting the center space for the first time to kindly fill out this form only once (a printed form will be available at entrance) and hand it over to the Center Facilitator.

### **HEALTH DECLARATION:**

During every visit at the time of entry, you will be required to answer these questions verbally. Anyone who answers YES to any of the questions or displays any of the listed symptoms will be requested for their cooperation to STAY/RETURN HOME and attend the event using our alternative ONLINE services.

1. Do you have any of this health symptoms - Fever (greater than 38.0C), Cough, Shortness of Breath, Difficulty Breathing, Sore throat or Runny Nose?
2. Are you being investigated or confirmed to be a case of COVID-19 in last 14 days?
3. Have you, or anyone in your household travelled outside of Canada in the last 14 days?
4. Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?

### **FULL VACCINATION POLICY:**

1. **As of Friday, October 15 2021**, everyone on the first onsite visit to Brahma Kumaris Calgary Centre will need to provide proof of full vaccination along with a valid photo ID. For more details, please visit our website at <https://calgary.brahmakumaris.ca/covid-19/>.

### **CONSENT and WAIVER:**

1. You provide consent for us to collect your contact information below and we will keep the list of attendees attending an event at center space for 14 days for tracing purpose only.
2. Within 14 days of you attending the center space, if you have any changes in your health with regards to Covid-19 symptoms or test results, you agree to contact us immediately. We will email notification to all potentially exposed persons if there is a confirmed case of COVID-19.
3. You accept the general risk associated with accessing indoor public space and provide the Waiver of any liability caused due to the risk of using the center space.

I acknowledge that I read the information provided in this document and on our website at <https://calgary.brahmakumaris.ca/covid-19> and that I agree to comply with the health safety measures and guidelines provided. For any questions, please contact us at **calgary@ca.brahmakumaris.org**

**Full Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you and wish you BE safe.**