

TERMINAL CITY CLUB

VISITOR COVID-19 DAILY HEALTH DECLARATION

Name of Visitor	Company Name	Company Phone Number
Date	TCC Department	TCC Contact Name

As a Visitor of Terminal City Club, I certify that I am well and will abide by the following terms and conditions to ensure a safe and healthy workplace:

- I **am not** experiencing or exhibiting any of the following COVID-19 like symptoms:

*Sore throat	*Shortness of Breath/Difficulty Breathing
*Fever/Chills	*Headache
*Sneezing	*Rash
*Coughing	*Muscle Pain
*Loss of Taste or Smell	

- I **do not** have anyone in my household or under my care that is self-isolating due to a confirmed case of COVID-19

- I **have not** been advised by a health care provider to self-quarantine because of concerns related to COVID-19

- I **am not** considered 'high risk' due to exposure of COVID-19 at an alternate place of employment (e.g. nursing home, hospital)

- I **have not** travelled outside of the province or country without completing the 14-day mandatory quarantine.

- I **agree to abide by all TCC COVID-19 work protocols** which include, but are not limited to social distancing, cleaning/sanitization and the use of personal protective equipment

- I **will notify TCC and my Manager immediately** if I should begin to experience or exhibit any symptoms listed above or any other ailments during time on TCC property. I will go home directly following and seek healthcare guidance.

NOTE: Terminal City Club adheres to the recommended guidance and protocols issued by the local, Municipal, Provincial and Federal health authorities relating to the transmission of COVID-19. Confidentiality will be maintained within these mandates.

I certify that the above information is true and understand that any misrepresentation made on my Daily Health Declaration or any failure to follow the COVID-19 rules and procedures established by Terminal City Club for the purpose of maintaining the well-being of their staff, members, guests and other visitors may result in my immediate dismissal from the property and further disciplinary action with my employer.

Visitor Signature: _____