

## APPENDIX C

### AOA Daily COVID ATTESTATION

#### (Completed daily **PRIOR TO ANY** AOA/OST sanctioned activity)

1. In the last 5 days, have you or anyone in your household experienced one or more of the following symptoms? Fever and/or chills, cough or barking cough (croup), shortness of breath, decrease or loss of smell or taste?
  - For adults 18 years of age or older: Fatigue, lethargy, malaise and/or muscle aches/joint pain?
  - For children younger than 18 years of age: Nausea, vomiting and/or diarrhea?
    - Yes
    - No
2. In the last 5 days, has the government instructed you or anyone in your household, to isolate according to public health guidelines?
  - Yes
  - No
3. In the last 5 days, have you or anyone in your household, tested positive for COVID-19?
  - Yes
  - No
4. Are you compliant with [AOA COVID-19 Vaccination Policy](#)?
  - Yes
  - No

If you answered YES to any of the questions 1-3, you are not permitted to enter, participate or undertake operations in the workplace OR participate in any AOA sanctioned events (including, but not limited to AOA led dryland, AOA permitted travel, on-snow or off-snow activities scheduled by AOA) until a negative COVID-19 test is provided. If you answered NO to question 4, you are not permitted to enter.

By adding my signature below, I agree this is a legal declaration to follow the laws, recommended guidelines and protocols issued by the government of the province in respect to COVID-19, including practising physical distancing and will do so to the best of my ability whilst participating in Alpine Ontario's sanctioned events.

<p>I hereby attest that the information provided above is to my knowledge, accurate and complete.</p> <p>Type your signature: _____</p> <p>Date/ Time of Signature: _____</p>	<p>Participation Status</p> <ul style="list-style-type: none"><li>• Participation permitted</li><li>• Participation not permitted</li></ul>
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