



Name	First	Last	Initial
Address	Street		
	City	Prov/State	Country Code

I understand that the novel coronavirus causes the disease known as COVID-19. I understand the novel coronavirus has an incubation period during which carriers of the virus may not show symptoms and still be contagious. I understand that some people infected with the novel coronavirus are asymptomatic. I understand that the Burgess Shale Geoscience Foundation (hereinafter “the BSGF”) is taking all the necessary precautions to reduce the spread of the novel coronavirus by following all the provincial guidelines and laws. Despite these precautions, there is still a risk of COVID-19 spread that the BSGF cannot completely mitigate.

I confirm that I am not presenting any of the symptoms of COVID-19, such as a fever greater than 38.0° C, cough, sore throat, shortness of breath, difficulty breathing, flu like symptoms. _____(Initial)

I confirm that to the best of my knowledge, I am not currently positive for the novel coronavirus nor am I waiting for the results of a laboratory test for the novel coronavirus. _____(Initial)

I verify that I have been exclusively in the country of Canada for the past 14 days and that I have not been in contact with anyone who has travelled outside of Canada in the past 2 weeks. _____(Initial)

I understand that travel from any country outside of Canada, including travel by car, air, bus, or train, increases my risk of contracting and transmitting the novel coronavirus. British Columbia’s Provincial Health Officer requires self-isolation for 14 days from the date a person has arrived in Canada. _____(Initial)

I verify that I have not been identified as a contact of someone who has tested positive for the novel coronavirus or been asked to self-isolate by British Columbia’s Provincial Health Officer, the Communicable Disease Control, or any other governmental health agency. _____(Initial)

I confirm that I am not living in a household with someone with COVID-19 symptoms, or who is self isolating due to possible exposure to COVID-19. _____(Initial)

Signature			
Date:	Year	Month	Day