



Lakeridge
Health

COVID-19 ATTESTATION AND DECLARATION

Learner Name	
Academic Centre	

I confirm that I have reviewed the community-based measures to mitigate the spread of coronavirus disease (COVID-19) as posted on the Government of Canada website ([link](#)).

I confirm my compliance with all public health measures and understand that in the event I engage in any activity that contravenes these guidelines, I must disclose this to my academic coordinator or preceptor. I understand that this may impact my ability to complete my placement at Lakeridge Health.

I confirm that I will not be present for any shifts at Lakeridge Health when I am feeling unwell or am experiencing one or more of the below symptoms:

- Fever
- Dry cough
- Tiredness
- Aches and pains
- Sore throat
- Diarrhea
- Conjunctivitis
- Headache
- Loss of taste or smell
- Rash on skin, discolouration of fingers or toes
- Difficulty breathing or shortness of breath
- Chest pain or pressure
- Loss of speech or movement

I am aware that Lakeridge Health requires all students to provide proof of full vaccination against COVID-19 or written proof of a medical exemption provided by a physician that sets out (i) documented medical reason for not being fully vaccinated and (ii) the effective time-period for the medical reason. If medically exempted, I agree to comply with COVID-19 testing requirements as stipulated by Lakeridge Health. I am aware that failure to comply with the above will result in my ineligibility to participate in any academic activities within Lakeridge Health.

I further confirm my compliance with Lakeridge Health policies and protocols as it relates to my Learner role at the Hospital.

Learner Signature: _____ Date: _____