

SPRING 2021
PARADE of HOMES
#PARADEOFHOMESMB

**COVID-19 SHOW HOME PRE-SCREENING
DECLARATION FORM**

PART 1

This declaration is made in connection with my/our attendance at the property commonly known as (address) _____ on this (date) _____, 2021.

PART 2

I/WE confirm the following statements to be true (check all that apply):

a. I/WE have not been diagnosed with a lab-confirmed probable or positive case of the COVID-19 virus, or if I have been diagnosed with a lab-confirmed probable or positive case of the Covid19 virus, in accordance with Provincial Health Guidelines, I have isolated for at least ten (10) days, and have received confirmation from a qualified public health official that I am no longer required to isolate.

b. In the last 14 days, I/WE have not travelled outside of Manitoba.

c. I/WE have not knowingly been in contact with anyone who travelled into Manitoba in the last 14 days from another jurisdiction.

d. I/WE do not have a new onset or worsening of any one (1) of the following symptoms from column "A" or any two (2) symptoms from column "B": .

COLUMN A SYMPTOMS (one symptom)

- Fever/chills
- Cough
- Sore throat/hoarse voice
- Difficulty breathing
- Loss of taste or smell
- Vomiting or diarrhea for more than 24 hours

COLUMN B SYMPTOMS (two symptoms)

- Runny nose
- Muscle aches
- Fatigue
- Pink eye (conjunctivitis)
- Headache
- Skin rash of unknown cause
- Poor feeding, if an infant
- Nausea or loss of appetite

e. I/WE have not knowingly come into contact with anyone experiencing any of the symptoms commonly associated with the COVID-19 virus as set out in 2(d) in the last 14 days.

f. I/WE have not knowingly come into contact with any person in the last 14 days who was previously diagnosed with a lab confirmed probable or positive case of the COVID-19 virus, unless the close contact occurred following the individual having self-isolated after their diagnosis for a period of no less than 10 days and received confirmation from a qualified public health official that they are no longer required to isolate.

PART 3

I/WE acknowledge and agree that:

g. In the event that during the next 14 days, I/WE should experience any of the symptoms as set out in 2 (d), or learn of any circumstances that would change my response to any of the above questions, I/WE will immediately inform the builder or agent.

h. I am/WE are aware of the inherent health risks and concerns related to my attendance at the property, and with any contact I may have with those involved. I am allowing or participating in the viewing of the property of my own free will and accord. I will not hold the Builder or any of their representatives responsible for any claims, costs, damages, expenses or liability related to any adverse health-related consequences arising as a result of allowing or having access to the property for the purpose of viewing it.

i. The information contained in this declaration may be retained by the Parade Builder for a period of up to eight weeks. In the event the Parade Builder considers it necessary for public health purposes to release this declaration or any information contained herein to any health authorities or anyone else, they may do so.

To the best of my knowledge everything contained herein is true, and this declaration may be relied upon as having the same force and effect as if made under oath.

Print the names of all the people in your party (incl. children) and their telephone number:

Signature of Declarant (on behalf of party) _____