



**GRAMINIA SCHOOL  
DECLARATION OF NEGATIVE FOR COVID-19 (STUDENT)**

PROVINCE OF ALBERTA, CANADA

I \_\_\_\_\_, **ACKNOWLEDGE THE FOLLOWING:**

Under the direction of the Chief Medical Officer of Health for the Province of Alberta:

1. Any person with COVID-19 related symptoms must stay home, seek health care advice as appropriate, and fill out the AHS Online Self-Assessment tool to determine if they should be tested.
2. A ten (10) day self-isolation period is required from the time of the appearance of symptoms.
3. Individuals WILL NOT be permitted to access the school WITHOUT the following:
  - a. Ten (10) days of self-isolation leading to the elimination of any COVID-19 symptoms, or
  - b. A COVID-19 test result that indicates that the individual is NEGATIVE for COVID-19.

**THEREFORE, I DECLARE:**

That my child \_\_\_\_\_, upon showing symptoms for COVID-19, has completed one of the following requirements for permission to return to school:

1. Completed a COVID-19 test through Alberta Health and has received diagnosis of NEGATIVE for COVID-19;  
OR
2. Completed ten (10) days of self-isolation and is NOT exhibiting any further COVID-19 symptoms.

Declared before me at Graminia School,

Alberta on the (day) \_\_\_\_\_ day of (month) \_\_\_\_\_,

(year) \_\_\_\_\_.

Signature \_\_\_\_\_

Corey Haley  
Principal: Graminia School

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PARENT / GUARDIAN SIGNATURE