



Employee Quarantine Declaration Form

Instructions: Fill out this form if you have tested positive for COVID-19 or have been instructed to quarantine due to being a close contact outside of the CBE. If you have been advised to quarantine by the CBE/EHRC, then you do not need to fill out the form. When completed, scan or take a photo of the form and email it to the Employee Health Resource Centre at: EHRCCovid@cbe.ab.ca.

Section 1: Employee Information				<i>To be completed by Employee</i>	
First Name:		Last Name:			
Employee ID:		Location:		Position:	
Non-CBE email:				Area:	
Mobile phone:			Home Phone:		

Section 2: COVID-19 Self-Isolation Declaration		<i>To be completed by Employee</i>	
<p>I was identified by Alberta Health Services (AHS) as a close contact to a positive case of COVID-19 and directed to self-isolate.</p> <p>If you have been directed to self-isolate because of a close contact who has tested positive for COVID-19, please indicate where you encountered the close contact: <input type="checkbox"/> School/Workplace <input type="checkbox"/> Community</p> <p>What was the date of the close contact? _____ Date (dd/mmm/yyyy)</p> <p>The self-isolation period is from: _____ Start Date (dd/mmm/yyyy) to: _____ End Date (dd/mmm/yyyy).</p> <p>Are you experiencing any symptoms of COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
Signature:		Date:	
			(dd/mmm/yyyy)

Section 3: COVID-19 Test Results				<i>To be completed by Employee</i>	
When did you undergo a test for COVID-19?		First date of symptoms?		What were the results?	
	(dd/mmm/yyyy)		(dd/mmm/yyyy)	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
If test results have not been received, when are they expected?					
What were the dates that you were directed to self-isolate?	Start Date:	End Date:			
	(dd/mmm/yyyy)	(dd/mmm/yyyy)			
<p>I hereby voluntarily agree to the release of information on this form to the Calgary Board of Education. I am aware of the reasons why the health information is needed, and the risks and benefits of consenting or refusing to consent.</p>					
Signature:		Date:			
			(dd/mmm/yyyy)		

Personal information is collected under the authority of Alberta's *Freedom of Information and Protection of Privacy Act (FOIP)*. This information will be used for the management of personnel and for the delivery of various Human Resources programs at the Calgary Board of Education. It will be treated in accordance with the privacy protection provisions of FOIP. If you have any questions about the FOIP Act, please access <http://www.cbe.ab.ca/legal/foip>. If you have any questions about this form or the use of this information, please email the Employee Health Resource Centre at EHRCCovid@cbe.ab.ca, call the Employee Contact Center at 403-817-7333, or reach out to your Union/Association.