



TO _____ (GROUP NAME) MEETING ATTENDEES

If you choose to attend this CoDA meeting, you are knowingly accepting the potential risk of exposure to COVID-19. You also waive any rights against _____ (facility name), CoDA and _____ (Home Group name) or any of its organizers or volunteers in this regard.

Upon entering this meeting, you will be required to complete an Attendance Record and Waiver of Liability.

IF YOU DISAGREE WITH THESE RULES OR DO NOT PASS THE SELF-EVALUATION QUESTIONS BELOW, PLEASE DO NOT ENTER THE FACILITY.

SELF EVALUATION

1. Have you travelled outside of _____ (province) in the past 14 days?
2. Have you had any of the following symptoms in the past 14 days: fever, cough, sore throat, difficulty breathing, unusual tiredness, loss of taste or smell?
3. Have you been in contact with anyone with Covid-19?
4. Are you feeling unwell today?
5. Are you waiting for the results of a Covid-19 test?

**IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS,
PLEASE DO NOT ENTER THE FACILITY**