



# Marcia Murray-Stoof

Certified Professional Dog Training Instructor  
& Canine Behaviourist, with over 25 years experience

## 1. Do any of the following apply to you?

I am fully vaccinated against COVID-19 (please complete questions 2-6)

YES	
NO	

I have **tested positive for COVID-19 in the last 90 days** (and since been cleared by the local public health unit) (please complete questions 2-6)

YES	
NO	

**No none of the above apply to me (Please complete all questions)**

## 2. Do you have any of the following signs or symptoms?

<input type="checkbox"/>	Cough or barking cough (croup)
<input type="checkbox"/>	Shortness of breath
<input type="checkbox"/>	Difficulty breathing
<input type="checkbox"/>	New loss or decrease in sense of taste or smell
<input type="checkbox"/>	Fever and or chills
<input type="checkbox"/>	f adult >18 years of age: unexplained fatigue/ lethargy malaise muscle aches
<input type="checkbox"/>	If child <18 years of age: nausea/vomiting, diarrhea
<input type="checkbox"/>	None of the above

**IF YES YOU ARE NOT PERMITTED TO ATTEND CLASS.**

## 3. In the last 14 days, have you travelled outside of Canada AND been advised to quarantine (as per the federal quarantine requirements)?

YES	
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4. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?

YES	
NO	

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5. In the last 10 days, have you been identified as a "close contact" of someone who currently has COVID-19?

YES	
NO	

**IF YES YOU ARE NOT PERMITTED TO ATTEND CLASS.**

6. In the last 10 days, have you tested positive on a rapid antigen test or a home-based self-testing kit?

YES	
NO	

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7. In the last 10 days, have you received a COVID Alert exposure notification on your cell phone?

YES	
NO	

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8. In the last 14 days, has someone in your household (someone you live with) travelled outside of Canada AND been advised to quarantine (as per the federal quarantine requirements)?

YES	
NO	

**IF YES YOU ARE NOT PERMITTED TO ATTEND CLASS.**

9. In the last 10 days, has someone in your household (someone you live with) been identified as a "close contact" of someone who currently has COVID-19 AND advised by a doctor, healthcare provider or public health unit to self-isolate?

YES	
NO	

**IF YES YOU ARE NOT PERMITTED TO ATTEND CLASS.**

10. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?

YES	
NO	

**IF YES YOU ARE NOT PERMITTED TO ATTEND CLASS.**

705-816-4158 –Info@DogNanny.ca– www.DogNanny.ca



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Signed By:-

Date:-