

WALKERS' RIDGE CLEARING SALE 11/07/2020

COVID 19 DECLARATION

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| 1. HAVE YOU TRAVELLED INTERNATIONALLY IN THE LAST 14 DAYS? | YES | NO |
| 2. HAVE YOU BEEN IN CLOSE CONTACT WITH A PERSON WHO HAS TRAVELLED INTERNATIONALLY IN THE LAST 14 DAYS? | YES | NO |
| 3. HAVE YOU BEEN IN CONTACT WITH A PERSON DIAGNOSED WITH CORONA-19 OR COVID-19 IN THE LAST 14 DAYS? | YES | NO |
| 4. HAVE YOU, WITHIN THE PREVIOUS 72 HOURS EXPERIENCED FLU LIKE SYMPTOMS? | YES | NO |
| 5. ARE YOU FEELING UNWELL? | YES | NO |

YOUR PERSONAL INFORMATION WILL REMAIN CONFIDENTIAL AND ONLY BE DISCLOSED IF ACCORDANCE WITH THE PROXY & PERSONAL INFORMATION PROTECTION ACT (PIPA) OR BY REQUEST OF NEW BRUNSWICK.

DECLARATION:

I, _____ (FULL NAME)

OF _____ (HOME ADDRESS)

CONTACTABLE ON _____ (MOBILE NUMBER)

DECLARE THAT YOU ARE ACCEPTING THE ABOVE-DEFINING CONDITIONS AND TO THE BEST OF MY KNOWLEDGE

SIGNATURE _____ DATE _____