

ASCEND ONLINE SCHOOL

Third Party Learning Support Service Provider HEALTH COMMITMENT FORM

I, _____ (name of service provider), am a Third Party Learning Support Service Provider for/with a student learner of ASCEND Online School ("School"). I agree that as a condition of providing services to the student learner of the School, I am required each day to self-assess for symptoms of any illness that may affect the School community, including COVID-19 ([Appendix A: Daily Health Check](#)). I confirm that by providing in-person services to the student learner, I have taken my temperature on the day of and prior to the appointment and confirmed it is not higher than 37.5 degrees Celsius and that I have no-symptoms of illness that are not a pre-existing condition diagnosed with a treatment plan by my health care provider (ex., allergies, asthma).

I certify I do not have nor have had any symptoms of common cold, influenza, COVID-19, or other infectious respiratory disease including fever, chills, new or worsening chronic cough, shortness of breath, loss of sense of smell or taste, diarrhea, nausea and vomiting or any other symptoms of illness (excluding chronic symptoms that may have surpassed the period of contagion as determined by a health care provider), and/or as may be updated by the BC Centre for Disease Control from time to time¹.

I confirm that prior to providing any in-person services in my home or the home of any student learner of the School, I will confirm to the parent-guardian of the student learner that I have conducted this health check for myself ([Appendix A](#)) and those within my household as of the day of the appointment and be willing to answer the daily health check questions when the parent/guardian requests that information of me prior to granting access to their home. I confirm I shall request this same information of the parent-guardian for the student learner and all members of the student learner's household who may be present during the time of the in-person session prior to granting access to my home. I also confirm I will ask the parent/guardian whether they have completed the same daily health check for all members of the household who may be present in the home during the time of my visit in their home. I have the responsibility to refuse services if the health and safety of participants are in question.

I also confirm that prior to providing any in-person services in a business or alternate locale for an ASCEND student learner, I have confirmed that such business or alternate locale protocols align with the CISKD health and safety protocols and ASCEND ONLINE Health and Safety Restart Plan. I agree to provide a copy of the business or alternate locale's health and safety protocols to the School and family of the student learner along with any updates.

I acknowledge that by attending the in-person learning activity appointment, I am confirming that neither I nor anyone in my household:

- a. has been directed by Public Health or a health care provider to self-isolate;
- b. has arrived from outside of Canada in the last 14 days; and,
- c. is a 'close contact' of a confirmed COVID-19 case within the past 14 days.

Should anyone in my/our household become ill, we commit to follow the BC CDC guidelines for [isolation when ill](#)² and/or [caregiving for the ill](#)³.

I have retained a copy of this Form for my personal records.

Dated this _____ day of _____, 2021.

¹ <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/symptoms>

² <http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation.pdf>

³ http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation_caregivers.pdf

Signature