

Office Attendance and Symptom-free Confirmation

I confirm that:

1. I am not experiencing any of the following symptoms:
 - Fever
 - Chills
 - Cough
 - Shortness of breath
 - Sore throat and painful swallowing
 - Stuffy or runny nose
 - Loss of sense of smell
 - Headache
 - Muscle aches
 - Fatigue
 - Loss of appetite
2. I have not returned from travel outside Canada within the last fourteen days.
3. I have not been directed to quarantine or self-isolate by a public health official.

I confirm Statements 1, 2 and 3.

Name:

Email:

Mobile:

Date:

Signature:

If you cannot confirm statements 1, 2 and 3 you must not attend the office and should contact your Bulgarian Consular contact to discuss next steps.

