

PARISH: _____

DATE: _____

1. Do you have any of the following symptoms: new or existing cough and difficulty breathing?

q Yes

q No

2. Have you taken temperature measurement prior to coming to Church?

q Yes

q No

3. Do you have fever or are you feeling feverish?

q Yes

q No

4. Have you travelled internationally within the last 14 days?

q Yes

q No

5. Have you had close contact with a confirmed/suspected probable COVID-19 case in the last 14 days?

q Yes

q No

6. Have you had close contact with a person with acute respiratory illness who has been outside Canada in the last 14 days?

q Yes

q No

If the answer to any of these questions is yes, for your safety and that of others, please note that the entry to the Church will be declined. We recommend that you return directly home and contact the Public Health Unit for further instructions.

Name of the Attendee: _____

Telephone Number: _____

Signature: _____

VISIT GRANTED q

VISIT DENIED q

Screeener's Initials _____