



## SUNDAY MORNING COVID-19 SCREENING

### INSTRUCTIONS:

To help expedite the screening process at the door of the church, please complete this form on Sunday morning, print it, and bring it to church with you.

**For the safety of everyone, especially our most vulnerable members, if you answered Yes to questions 1-4, please do not come to church and join us on-line.**

1. Do you have any of the following symptoms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Fever		
<input type="checkbox"/> Cough		
<input type="checkbox"/> Sore throat		
<input type="checkbox"/> Shortness of breath		
<input type="checkbox"/> Shills		
<input type="checkbox"/> Changes in sense of taste/smell		
<input type="checkbox"/> Running nose, sneezing, nasal congestion (not due to seasonal allergies)		
<input type="checkbox"/> Difficulty swallowing		
<input type="checkbox"/> New headache		
<input type="checkbox"/> Unexplained fatigue/malaise		
<input type="checkbox"/> Nausea, vomiting, diarrhea, abdominal pain		

2. Have you been tested for COVID-19 due to symptoms and are awaiting results?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

3. Have you tested positive for COVID-19 in the last 10 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

4. In the last 14 days, have you travelled outside of Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

5. In the past 14 days, have you had close, unprotected contact with any of the following:		
• a sick traveller	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• a suspected or confirmed case of COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

