**In Person Service Screening Form**

In order to attend service, all worshippers must complete this screening and contact tracing form.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names and Phone Numbers (please print clearly) of all members of the family bubble when are attending in-person worship

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**Required Screening Questions**

Do you have any of the following new or worsening symptoms? (not chronic or related to other health conditions)

Fever or chills                                                                                              ◻   Yes              ◻   No

Difficulty breathing or shortness of breath                                           ◻   Yes              ◻   No

Cough                                                                                                           ◻   Yes              ◻   No

Sore throat, trouble swallowing                                                              ◻   Yes              ◻   No

Runny nose/ stuffy nose or nasal congestion                                       ◻   Yes              ◻   No

(not related to seasonal allergies)

Decrease or loss of smell or taste                                                           ◻   Yes              ◻   No

Nausea, vomiting, diarrhea, abdominal pain                                        ◻   Yes              ◻   No

Not feeling well, extreme tiredness, sore muscles                              ◻   Yes              ◻   No

Questions are continued on the back.

Is someone you live with currently experiencing symptoms ◻   Yes              ◻   No

and/or waiting for test results after experiencing symptoms?

In the last 10 days, have you been identified as a “close contact” ◻   Yes              ◻   No

of someone who currently has Covid 19?

In the last 10 days, have you received a Covid alert exposure

notification on your cell phone? ◻   Yes              ◻   No

In the last 14 days, have you travelled outside of Canada and

been advised to quarantine? ◻   Yes              ◻   No

Has a doctor, health care provider, or public health unit

told you that you should be currently isolating at home? ◻   Yes              ◻   No

If any members of your party have answered yes to any of the questions, please do not come to worship in-person at this time.

Signature (person 1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (person 2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (person 3): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (person 4): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_