

COVID-19 Screening Questionnaire

**Please do not attend Church if you are feeling unwell
or
if you answer "Yes" to any of the following questions**

1. Have you **tested positive** for COVID-19 in the past month?
2. Have you **travelled outside of Canada** in the past 14 days?
3. Have you been advised by your physician or public health department to **self-isolate**?
4. Have you been to a **large gathering** where physical distancing was not observed in the past 14 days?
5. Have you been in **close contact** with anyone who has tested positive for COVID-19 without wearing proper personal protective equipment (PPE) in the past 14 days?
6. Do you currently have or have you had in the past 21 days any of the following **symptoms**?

- **Fever, Feeling Chilled**
- **Cough, Sore Throat**
- **Shortness of Breath**
- **Chest Pain, Tightness**
- **Nausea, Vomiting, Diarrhea**
- **Loss of Taste or Smell**
- **Runny or Stuffy Nose**
(not related to allergies)
- **Headache** (unusual or long-lasting)
- **Muscle Aches** (unusual or long-lasting)
- **Tiredness, Lack of Energy**
(unusual or long-lasting)
- **Feeling Unwell** (unusual or long-lasting)