

WELCOME! BITAEMO!

CHURCH ATTENDANCE SCREENING FORM (one per household)

St. John the Baptist Ukrainian Catholic Shrine

DATE: _____

TIME OF SERVICE: _____

1. Does anyone in your household have any of the following symptoms: new or existing cough, difficulty breathing?
 Yes No

2. Does anyone in your household have an elevated temperature (measured today), or had a fever anytime in the last 14 days?
 Yes No

3. Has anyone in your household travelled internationally in the last 14 days?
 Yes No

4. Has anyone in your household had close contact with a confirmed or suspected COVID-19 case in the last 14 days?
 Yes No

If the answer to any of these questions is YES, for your safety and that of others, we ask that you stay home, as entry to the church will be declined. We recommend that you contact the Public Health Unit or call Telehealth Ontario for further instructions.

Household members attending today:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Telephone Number: _____ Signature: _____

=====

ENTRY GRANTED

ENTRY DENIED

Screener's Initials _____