

Covid -19 Pre-Access Form

Date: _____

Name of Member/Guest: _____

Phone #: _____

Temperature: _____

In the last 24 hours, have you been experiencing any of the following?

Fever YES

NO

Cough (new or worsening) YES

NO

• Shortness of breath at rest or difficulty breathing (e.g., struggling, for each breath, speaking in single words), inability to lie down because of difficulty breathing YES NO

• Runny nose (newly onset aside from known allergies) YES NO

• Sore throat/Painful swallowing YES NO

• Stuffy nose YES NO

• Headache YES NO

• New Fatigue, severe exhaustion, generally feeling unwell YES NO

• Feeling confused YES NO

• Lost consciousness or dizzy YES NO

• Lost sense of taste or smell YES NO

• Digestive issues (nausea/vomiting, diarrhea, stomach pain) YES NO

• Chills YES NO

• Hoarse voice (more rough or harsh than normal) YES NO

• Muscle or joint ache YES NO

• Pink eye YES NO

In the past 14 days, did you return from travel outside of Canada, or did you have close contact with someone who is confirmed as having Covid -19?

YES

NO

If any "YES" response, the individual is not to enter the church premises.

The member or guest will need to return home, call 811 and follow their guidance (current mandate is to self-isolate for a minimum of 10days or until symptoms resolve, whichever is longer). The member or guest must keep the pastorate up to date with recommendations and testing.