



COVID-19 Screening Checklist

All staff, volunteers, worshippers and visitors to Glory Lutheran Church must answer the following questions (even if they do not agree to provide their personal information below). One person may answer for all of the members of their household.

If you have answered YES to any of the questions, you will not be allowed to participate in today's worship service; please return home and use the AHS Online Assessment Tool to determine if testing is recommended.

		YES	NO
1.	Do you have any of the following "new" symptoms, or "worsening" of symptoms that are related to allergies, chronic, or pre-existing conditions? <ul style="list-style-type: none"> • Fever • Cough • Shortness of breath / Difficulty breathing • Sore throat • Runny nose / nasal congestion 		
2.	Do you have any of the following symptoms? <ul style="list-style-type: none"> • Chills • Painful swallowing • Feeling unwell / fatigued • Nausea / Vomiting / Diarrhea • Unexplained loss of appetite • Loss of sense of taste or smell • Muscle / joint aches • Headaches • Conjunctivitis (pink eye) 		
3.	Have you or anyone in your household travelled outside of Canada in the last 14 days?		
4.	Have you or your children had close "unprotected" contact (face-to-face contact within 2 meters / 6 feet) with someone who is ill with a cough and/or fever?		
5.	Have you or anyone in your household been in close unprotected contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?		

Although you are not required to do so, we also ask that you provide the following personal information. In providing this information, you will be consenting to its use solely for the purposes of facilitating COVID-19 contact tracing. The information will be provided to Alberta Health Services only if an onsite exposure occurs. Personal information will be secured for two weeks and will then be destroyed.

Date of Attendance: _____
 Name: _____
 Phone Number: _____

You have provided verbal consent for the collection of personal information to: _____
 (Name of Screener/Greeter)