No

This form must be completed by anyone entering Leaside United Church. If you plan to enter the building more than once during the month, this form in its entirety must be completed upon your first visit. On any subsequent visits within the month the form must be updated as to your current health status, initialed and dated.

Is this your first visit to Leaside United Church this month?

If Yes complete the entire form.

If No complete the bottom section only (on back of form)

1. Do you have any of the following **new or worsening** symptoms or signs? Circle Yes or No. Symptoms should not be chronic or related to other known causes or conditions.

Fever or chills (temperature of 37.8°C/100.0°F or greater)	Yes	No
Cough	Yes	No
Shortness of breath or difficulty breathing	Yes	No
Fatigue	Yes	No
Muscle or body aches	Yes	No
Headache	Yes	No
New loss of taste or smell	Yes	No
Sore throat	Yes	No
Congestion or runny nose	Yes	No
Nausea or vomiting	Yes	No
Diarrhea	Yes	No

If you answered Yes to any of the above, you cannot enter the building. Stay home and self-isolate for 10 days after your symptoms started. After 10 days, you can stop isolating if you no longer have symptoms and are improving for at least 24 hours, but you should continue physical distancing measures. If you are still unwell after 10 days, contact Telehealth or your health care provider.

2. Have you travelled outside of Canada in the past 14 days? Yes No

If you answered Yes you cannot enter the building.

of COVID-19?	Y	es No
If you answered Yes, you cannot enter the building. You s wait for your results. If you do not get tested, you must st last contact with that person.	•	·
As you are aware, COVID-19 can be transmitted by asymp statements made by you contained in this declaration can transmitted. The church is a public place and there may be their COVID-19 vaccinations. There is no HVAC system in t	not provide certainty that e individuals present who	at the virus will not be
Name:	Date:	
Complete this section if you have already completed this	form during this month	
If there are no changes to your previous responses to this there are changes, complete the entire form.	form, initial and date on	the line below. If
Initial D	ate	

Have you had close contact with a confirmed case

Reference Documents

3.

Toronto Public Health, COVID-19: Have Symptoms or Been Exposed https://www.toronto.ca/home/covid-19/covid-19-what-you-should-do/covid-19-have-symptoms-or-been-exposed/

Ontario Ministry of Health. COVID-19 Screening Tool for Workplaces (Businesses and Organizations), Version 1 – September 25, 2020