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?  
Yes  No

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.
3. Have you had close contact with a confirmed case of COVID-19? Yes No

If you answered Yes, you cannot enter the building. You should get tested and self-isolate while you wait for your results. If you do not get tested, you must stay home and self-isolate for 14 days after your last contact with that person.

As you are aware, COVID-19 can be transmitted by asymptomatic people and accordingly, the statements made by you contained in this declaration cannot provide certainty that the virus will not be transmitted. The church is a public place and there may be individuals present who have not received their COVID-19 vaccinations. There is no HVAC system in the building.

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 form, initial and date on the line below. If there are changes, complete the entire form.

Initial _____ Date ____________________

Reference Documents

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