

EXALTATION OF THE HOLY CROSS PARISH

415 W. Victoria Avenue, Thunder Bay, ON P7C 1G8

CHURCH ATTENDANCE SCREENING FORM (one per household)

(please bring this completed form with you when attending)

Date: _____

Time of Service: _____

(Please check ✓ the appropriate boxes below)

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 have 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 the above questions is **YES**, for your safety and that of others, we ask that you stay home, as entry into 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: (please print)

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

Address: _____

Telephone: _____

Signature: _____

Disclaimer: All questionnaires will be collected and **kept in a secured location** that safeguards the privacy of the worshipper's/worshippers' information. **These will remain part of the parish records until such time as the Eparchial chancery indicates that they can be destroyed.**

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 ENTRY GRANTED

ENTRY DENIED

Screener's initials: _____