

ALL SAINTS PARISH SCREENING QUESTIONNAIRE

(ONE PER ATTENDEE FOR EACH EVENT)

DATE: _____

EVENT: _____

FIRST NAME: _____

LAST NAME: _____

TELEPHONE NUMBER: _____

OTHER FAMILY-BUBBLE MEMBERS SEATED WITH YOU:

#	FIRST NAME:	LAST NAME:	TELEPHONE NUMBER:	BUBBLE NUMBER:
1				
2				
3				
4				
5				
6				

- 1) Are you self-isolating, or should be self-isolating, as per the directives of the Chief Medical Officer of Newfoundland and Labrador?
 - a) Yes - NOT permitted to attend worship at this time
 - b) No – Proceed to question 2
 - c) Unknown – Complete the NL Government Self-Assessment Tool

- 2) Are you over the age of 60 ? Yes No

- 3) Do you have a known underlying medical condition? Yes No
 - If YES to question '2' or '3' - The Chief Medical Officer of Health advises you should not attend because you are at a higher risk of developing complications if you contract COVID-19. If you still wish to attend, please proceed to question 4
 - If NO - You may attend the worship service; please proceed to question 4

- 4) Do you have any restrictions with respect to wearing a face mask? Yes No
 - If YES, please explain: _____

- 5) Singing presents a higher risk for spreading COVID-19, and there will be some singing (while wearing a mask) during the service. Will this be a concern to you? Yes No
 - If YES - we advise that you may wish to reconsider attending this Church service

- 6) Do you accept and agree that by registering and attending any gathering of public worship, that your attendance is at your own risk, and that you will adhere to public health directives and the directions given to you by Parish Authorities while attending worship?
 - a) Yes – This person may attend.
 - b) No - This person may NOT attend worship at this time.

SCREENER: _____

DATE: _____