



# CHURCH SERVICE ATTENDANCE REGISTRATION AND COVID-19 SCREENING FORM

St. Anne Ukrainian Orthodox Church • 525 Morrish Road Scarborough ON M1C 3R8

Request for:  an Individual  a Household

First Name | Last Name [PRINT] \_\_\_\_\_

Tel or E-mail:

Grid for telephone or email information

### REQUEST TO ATTEND A SERVICE (PLEASE SPECIFY SERVICE DATE AND TYPE)

Vespers  Liturgy  Moleben'  Marriage  Baptism

Date:  Funeral  Panakhyda  Other \_\_\_\_\_

### COVID-19 RISK ASSESSMENT AND SCREENING

- Does anyone in your household have **ANY** of the following symptoms: • Fever (above 37.8° C) • New or worsening cough • Difficulty breathing • Difficulty swallowing • Sore throat • Runny or congested nose (*not related to seasonal allergies*) • Loss of sense of taste or smell • Nausea • Vomiting • Diarrhea • Not feeling well?  YES  NO
- Has anyone in your household been in contact with someone who is sick or has been confirmed to have COVID-19 in the past 14 days?  YES  NO
- Has anyone in your household travelled outside Canada in the past 14 days?  YES  NO
- Has any of your party been tested for COVID-19 in the past 14 days or received advice to self-isolate from a Public Health Authority?  YES  NO
- I understand that attending Divine Liturgy at St. Anne Parish in Scarborough Ontario is done by my own free will and at my own risk.
- Does any of your party have a medical condition that prevents them from wearing a mask?  YES  NO

**IF THE ANSWER TO ANY OF QUESTIONS 1-4 IS "YES":** For your safety and the safety of others, **you will be denied entry**. Consult a Public Health Authority. Individuals who answer "Yes" to Questions 5 are *strongly encouraged* to remain home. Entry *may* be permitted for services where attendance might be limited to members of the same household or social circle of 10 people, (ex. a Panakhyda). Thank you for your understanding.

Name	Temp C	Name	Temp C
1 _____		4 _____	
2 _____		5 _____	
3 _____		6 _____	

**WHAT TO EXPECT:** **1)** Access to washroom facilities may be limited; try to use facilities at home. **2)** Bring bottled water with you, if required. **3)** Your temperature will be recorded, and you will have to confirm the information submitted. **4)** Be patient and wait your turn. **5)** Disinfect your hands. **6)** Wear a mask while indoors. **7)** Maintain social distancing at all times. **8)** Bring exact change for candles and offerings. **9)** Do not linger after the service. Exit quickly and quietly, in good order. Godspeed!

I affirm that the information I have provided is true, complete, and accurate.

Signature: \_\_\_\_\_

Date:

Grid for date: D | D | M | M | Y | Y | Y | Y