



COVID-19

Please complete and sign the following COVID-19 screening form (*one per family*) and indicate the name(s) of each member from the same household who is attending the Sunday Liturgy at St. Demetrius Church with you.

Name:

Phone:

Name(s) of family members accompanying you:

1.

2.

3.

4.

Do you or anyone listed above have any of the following:



Yes
No

Fever



Yes
No

Cough



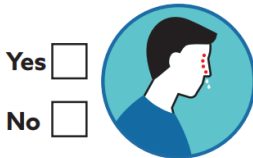
Yes
No

Difficulty breathing



Yes
No

Sore throat,
trouble swallowing



Yes
No

Runny nose



Yes
No

Loss of taste or
smell



Yes
No

Not feeling well



Yes
No

Nausea, vomiting,
diarrhea

Yes Have you been in close contact with someone who is
No sick or has confirmed COVID-19 in the past 14 days?

Yes Have you returned from travel outside Canada in the
No past 14 days?

If you answered YES to any of these questions, please go home and self-isolate right away.

The undersigned certifies that the statements set forth in this questionnaire are true and correct.

Signature: _____

Date: _____