

## **MARY MOTHER OF GOD PARISH - PARISHIONER SCREENING QUESTIONNAIRE**

To comply with the Ministry of Health and Halton Region, all parishioners are required to complete the questionnaire below. If you answer **'YES'** to any of the following questions, you are not permitted to enter Mary Mother of God Parish. You **MUST** self-isolate and contact your health care provider or Telehealth Ontario (1-866-797-0000) to find out if you need a COVID-19 TEST.

### **1. Do you have any of the following new or worsening symptoms or signs?**

Fever or Chills	Yes	No
Difficulty breathing or shortness of breath	Yes	No
Coughing- new or worsening	Yes	No
Sore throat, trouble swallowing	Yes	No
Runny nose/stuffy nose or nasal congestion	Yes	No
Digestive issues: Nausea, vomiting, diarrhea, abdominal pain	Yes	No
Decrease or loss of smell or taste	Yes	No
Pink Eye	Yes	No
Not feeling well, extreme tiredness, sore muscles	Yes	No

2. Has a doctor, healthcare provider, or public health unit told you that you should be isolating (staying at home)? **YES NO**
3. Have you travelled outside of Canada in the past 14 days? **YES NO**
4. Have you had close contact with a confirmed or probable case of COVID-19? **YES NO**
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The following information is being collected to assist in Contact Tracing in the management of the COVID-19 pandemic. Thank you for your cooperation. You can sign as an individual or family.

<b>NAME:</b>	<b>DATE:</b>
<b>PHONE:</b>	<b>EMAIL:</b>