

## **EKLP COVID-19 Self-Assessment Checklist**

For all visitors and congregants, we require you to fill out the below questionnaire to assist in determining your fitness to attend worship services during the COVID-19 pandemic. This is to provide a safe environment for all in attendance.

The questionnaire only relates to new symptoms or a worsening of symptoms related to allergies, chronic or preexisting conditions.

### **Risk Assessment: Screening Questions**

**Are you experiencing any of the following:**

- Severe difficulty breathing (e.g. struggling to breathe or speaking in single words)
- Severe chest pain
- Having a very hard time waking up
- Feeling confused
- Losing consciousness

No  Yes

**Are you experiencing any of the following:**

- Mild to moderate shortness of breath
- Inability to lie down because of difficulty breathing
- Chronic health conditions that you are having difficulty managing because of difficulty breathing

No  Yes

**Are you experiencing cold, flu or COVID-19-like symptoms, even mild ones?**

Symptoms include: fever, chills, cough, shortness of breath, sore throat and painful swallowing, stuffy or runny nose, loss of sense of smell, headache, muscle aches, fatigue or loss of appetite.

No  Yes

**Have you travelled to any countries outside Canada (including the United States) within the last 14 days?**

No  Yes

**Did you provide care or have close contact with a person with confirmed COVID-19?**

Note: This means you would have been contacted by your health authority's public health team.

No  Yes

Printed Name: \_\_\_\_\_

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

Date: \_\_\_\_\_