



You are required to complete this form fully and accurately.

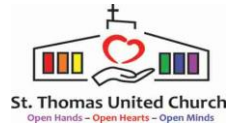
If you answer 'Yes' to one or more questions, you will be required to leave the venue / premises immediately and to contact public health for guidance.

Full Name: _____

phone: _____ email: _____

		Yes	No
Do you have any of the following possible symptoms related to COVID-19?	Fever or chills	<input type="radio"/>	<input type="radio"/>
	Cough or worsening chronic cough	<input type="radio"/>	<input type="radio"/>
	Difficulty breathing	<input type="radio"/>	<input type="radio"/>
	Flu like symptoms (headache, sore throat, runny nose)	<input type="radio"/>	<input type="radio"/>
	Unusual muscle or body aches	<input type="radio"/>	<input type="radio"/>
	Atypical headache	<input type="radio"/>	<input type="radio"/>
	New loss of taste or smell	<input type="radio"/>	<input type="radio"/>
	Nausea or vomiting	<input type="radio"/>	<input type="radio"/>
	Diarrhea	<input type="radio"/>	<input type="radio"/>
Have you travelled outside of Canada in the last 14 days?		<input type="radio"/>	<input type="radio"/>
Have you been in contact with someone who is a confirmed case of COVID-19 in the last 14 days?		<input type="radio"/>	<input type="radio"/>
Have you been advised by your physician or Public Health professional to be in self-isolation (currently or within the last 14 days)?		<input type="radio"/>	<input type="radio"/>

***Event Organizer:** please record the screening status (Pass/Fail) per individual on the Attendance Roster.



ATTENDANCE ROSTER

Group/ Event Name: _____ **Contact Person:** _____

Event Date & Time: _____ **Space Used:** _____

Last Name	First Name	Phone	e-Mail	Screen (Pass/Fail)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

GROUP PROFILE

GROUP NAME			
Contact (Lead) Name		Phone	
		E-mail	
Event Date)		Times (From/To)	
No. of Participants	Adults		Youth
	Children		Maximum
Activity			
Spaces being used			
Furnishings that will be used, if any (e.g. chairs)			
Other areas / resources used (washroom[s] assumed)			
Comments / Clarifications			

GROUP OPENING PLAN

Please provide details of your plan that differ / are enhanced from the protocols cited by STUC to mitigate the risk of exposure or transfer of the COVID-19 virus. This is particularly relevant for fitness groups and high energy activities (e.g. Cubs, Brownies), and for organizations involved in food preparation and distribution.

The purpose of this exercise, in part, is to stimulate thinking around risk mitigation. Consider factors such as social distancing, use of masks, and changes in the way you would normally conduct activities. Ask yourself questions such as:

1. How will we enforce self-distancing on arrival and departure and during class?
2. How will we go about screening (using the template provided)?
3. In what situations should people wash their hands (other than on entry and exit)?
4. When is it prudent for people to wear masks? Always? In which specific circumstances?
5. Do we need to make any changes in norms to maintain social distancing (more pertinent in activities such as dance and martial arts)?

Use the space below (expandable) or append details as warranted for your particular activity and group size / demographic and provide your **Group Profile** (previous page) and **Plan** to the church office for follow-up.