

DATE: __ / __ / ____ (mm/dd/yyyy)

EVENT: _____

TO BE COMPLETED WITHIN AN HOUR OF ATTENDING.

This information is for contact tracing in case AHS notification of a COVID incident is required. This form is kept for only two weeks.

FULL NAMES OF INDIVIDUAL OR EACH COHORT/FAMILY MEMBER:

EMAIL CONTACT: _____ PHONE _____

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Alberta Health Services Self-Assessment

<p>1) Are you, or anyone in your cohort today, experiencing any of the following:</p> <ul style="list-style-type: none">• severe difficulty breathing (e.g., struggling for each breath, speaking in single words)• severe chest pain• having a very hard time waking up• feeling confused• lost consciousness	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>2) Are you, or anyone in your cohort today, experiencing any of the following:</p> <ul style="list-style-type: none">• shortness of breath at rest• inability to lie down because of difficulty breathing• chronic health conditions that you are having difficulty managing because of your current respiratory illness <p><i>(**CONTINUES ON OTHER SIDE)</i></p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>

<p>3) In the past 10 days, have you, or anyone in your cohort today, experienced any of the following:</p> <ul style="list-style-type: none"> • fever • new onset of cough or worsening of chronic cough • new or worsening shortness of breath • new or worsening difficulty breathing • sore throat • runny nose 	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>4) Do you, or anyone in your cohort today, have any of the following:</p> <ul style="list-style-type: none"> • chills • painful swallowing • stuffy nose • headache • muscle or joint ache • feeling unwell, fatigue or severe exhaustion • nausea, vomiting, diarrhea or unexplained loss of appetite • loss of sense of smell or taste • conjunctivitis (pink eye) 	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>5) In the past 14 days, has your employer or AHS told you, or anyone in your cohort today, that you've been in close contact with a confirmed case of COVID-19?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>6) In the past 14 days, did you, or anyone in your cohort today, return from travel outside of Canada?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>

END

*****If you have answered yes to any of the questions, we are sorry, but you will be unable to join in-person worship today.**

We then encourage you to seek AHS direction on self-isolating and COVID testing. Thank you for keeping all people at St. Augustine's safe today.