## **WCAC COVID-19 Screening Attestation**

The safety of our members remains WCAC's overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spread globally, WCAC Medical and Security team are monitoring the situation closely and will periodically update church guidance based on current recommendations from the Canada Health Agency and Windsor Health Unit.

Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions (e.g. serious heart disease, chronic lung disease or asthma, immunocompromised, severe liver disease, etc.) might be at higher risk for severe illness from COVID-19. If you are concerned about underlying medical conditions, please stay home and attend our online service.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our members, we are conducting a simple screening. Your participation is important to help us take precautionary measures to protect you and everyone attending Sunday service. We request you complete this screening on Sunday morning prior to leaving your home.

- 1) In the last 14 days, have you received a confirmed diagnosis for coronavirus (COVID-19) by a coronavirus (COVID-19) test or from a diagnosis by a health care professional or are you waiting for a pending COVID-19 test result?
- 2) In the last 14 days, have you traveled internationally (except commuting between work and home by personal vehicle)?
- 3) In the last 14 days, have you had close contact with or cared for someone currently diagnosed with COVID-19 or are you participating in a COVID-19 clinical study that includes being exposed to the virus?
- 4) Have you experienced any cold or flu-like symptoms in the last 14 days including fever, cough, shortness of breath or difficulty breathing, sore throat, pressure in the chest, extreme fatigue, earache, persistent headache, diarrhea, vomiting, muscle pain, chills, repeated shaking with chills and persistent loss of smell or taste?

N	Name: Phone:
Please print your name, phone number below and drop this survey in the survey drop box at the entrance of church. WCAC will keep the box for 3 weeks. In case of an outbreak, the box will be sent to Windsor Health Unit for contact tracing purpose. WCAC will not have access nor use the information.	
	YES to any one (or more) of the questions - please stay home!
	NO to all 4 questions
	Note: Answer "yes" if the symptoms you have experienced in the last 14 days are of greater intensity or frequency than what you normally experience.
	earache, persistent headache, diarrhea, vomiting, muscle pain, chills, repeated shaking with chills, and persistent loss of smell or taste?