

Windsor Chinese Alliance Church COVID-19 Screening Form
溫莎華人宣道會 新冠肺炎問卷

Date (填表日期) : _____ Name (名字) : _____
(M月/D日/Y年)

Phone # (聯絡電話) : _____ Home(家電) _____ (手機)

1. In the last 14 days have you travelled outside Canada and required by law to self quarantine?
在過去14天內,你是否離開過加拿大而政府需要你自我隔離? ☐ Yes 是 ☐ No 否
2. In the last 21 days have you been tested positive for COVID-19?
在過去21天內,你是否曾被確診有新冠肺炎? ☐ Yes 是 ☐ No 否
3. In the last 14 days have you had contact with a confirmed case of COVID-19 without wearing proper PPE?
在過去14天內,你是否接觸過確診新冠肺炎的病患者,而當時沒有穿上恰當的個人防護裝備?
☐ Yes 是 ☐ No 否
4. Are you waiting for COVID-19 test results?
你是否在等候新冠病毒檢查的報告? ☐ Yes 是 ☐ No 否
5. Do you have any of the following symptoms?
你是否有以下所列舉的症狀? ☐ Yes 是 ☐ No 否

Fever 發燒

New onset of cough 咳嗽

Worsening chronic cough 久咳惡化

Difficulty swallowing 咽吞困難

Shortness of breath 氣速

Difficulty breathing 呼吸困難

Sore throat 喉嚨痛

Hoarse Voice 聲沙

Difficulty swallowing 咽吞困難

Unexplained sneezing 莫名的打噴嚏

Decrease or loss of taste 失去/減低味覺

Chills 發冷

Headaches 頭痛

Unexplained fatigue 莫名的疲倦

Unexplained fatigue muscle aches 莫名的肌肉疼痛

Diarrhea 肚瀉

Abdominal pain 腹痛

Nausea/ vomiting 作悶/ 嘔吐

Pink Eyes 紅眼症

Unexplained runny nose 莫名的流鼻水

Unexplained nasal congestion 莫名的鼻塞

Decrease sense of smell 失去/減低嗅覺

If you answered yes to any of the above questions, please temporarily refrain from attending church services in person but join our online services.

以上的問題, 如果你答[Yes 是],請暫時不參與任何實體教會聚會,改為參與教會的網上聚會.

6. Are you **fully** vaccinated against COVID-19? ☐ Yes 是 ☐ No 否
你是否已完全接種了新冠病毒疫苗?