



# *Biserica Sfântul Prooroc Ilie Tesviteanul*

*- Schomberg -*

*31 Church St  
Schomberg, ON LOG 1T0*

## **IMPORTANT**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name**

\_\_\_\_\_

**Anyone who answers “Yes” to one or all of these questions - they cannot attend.**

**Those who answer “No” to these questions are eligible to attend.**

#	COVID-19 - Questionnaire	Yes	No
1	Have you travelled outside of Canada in the past 14 days?		
2	Do you have / or did you have close contact with a case of COVID-19?		
3	Do you have / or did you have close contact with a person who is sick with respiratory illness and has recently travelled outside of Canada?		
4	Do you have fever, new or worsening cough, or new or worsening shortness of breath?		
5	Do you have muscle aches, fatigue, headache, sore throat, runny nose or diarrhea?		

**Signature** \_\_\_\_\_