

APPLEWOOD UNITED CHURCH

COVID-19 Contact Tracing & Screening

In response to the ongoing COVID-19 pandemic, Applewood United Church has prepared this policy for all guests and visitors. The following statements must be taken seriously by all parties to prevent the spread of coronavirus to protect yourself, our staff, volunteers and their families.

Due to the current risk of transmission, we require all visitors to wear an appropriate facial covering while inside our building and to maintain as much physical distance from others as possible. By signing below, you are declaring that the following answers to the statements provided are true to the best of your knowledge:

In the last 14 days have you:	Yes	No
a. Been in isolation because of travel?		
b. Been in close contact with anyone who has tested positive as having COVID-19?		
c. Attended an event or location where someone has been confirmed to have COVID-19?		
Are you presently in quarantine isolation (self-isolation) because of symptoms associated with COVID-19?		
Do you currently have symptoms associated with COVID-19 (fever, dry cough, sore throat, headache, tiredness, shortness of breath, etc.)?		
To the best of your knowledge, has any person in your school or place of work tested positive for COVID-19, or had symptoms in the last 14 days?		
Confirm that you agree to inform Applewood United Church if the answers to any of the above questions change within 14 days after your visit.		

If there is notification of an outbreak of the virus, you will be advised if you have been in the building since the outbreak. This form will be shredded after 30 days.

Print Name: _____ Telephone # _____

Person you are coming to visit, if applicable: _____

Reason for visit: _____

Date: _____ Time: _____

Rooms/areas visited: _____

Signature: _____