

- Cough
- Headache
- Sore throat
- Painful swallowing
- Runny nose
- Unexplained loss of appetite
- Diarrhea
- Loss of sense of smell or taste

Or

- Are you experiencing small red or purple spots on your hands and/or feet? **yes/no**
4. Have you travelled outside of the province of Newfoundland and Labrador within the last 14 days? Travel includes passing through an airport. **yes/no**
 5. In the last 14 days, did you have **close contact** with a person who has been confirmed as having COVID-19? (Close contact is defined as a person who lives in the same household, or a persons with whom you've had close prolonged contact (within 2 meters) while they had symptoms, or to whom you've provided care or had direct contact with bodily fluids (e.g. coughed/sneezed on) without appropriate personal protective equipment.) **yes/no**
 6. In the last 14 days, did you have **close contact** with a person who travelled outside of Newfoundland and Labrador who has become ill? **yes/no**

If you have answered yes to any of the questions, then you will need to refrain from attending the liturgy.

Please make preparations to arrive at the church parking lot a few minutes in advance of your pre assigned time for entry into the church.

At your assigned time, you will enter through the front doors via the ramp and be greeted by a member of our parishes COVID-19 Guidelines Implementation Committee who will review with you your pre- completed questionnaire. If there are any changes in your answers, you will not be permitted to attend the service. If there are no changes, you will be required to re-sign your questionnaire below prior to being escorted to your preassigned pew.

NOTE: PLEASE ENSURE YOU USE THE FRONT ENTRANCE WHEN ENTERING AND EXITING SUNDAY SERVICES.

Signature upon arrival at church: _____ Date: _____

IF YOU ARE RETURNING YOUR COMPLETED FORM VIA EMAIL, PLEASE SEND TO office@ascensionnl.ca.