

# St. John the Baptist Parish

3 Hospital Street, Fort McMurray AB T9H 1P2  
780-743-3980

## Directions:

1. Please print and fill in this form **prior** to arriving at Church for **each** Mass celebration. The form is also available at the entrance.
2. One (1) form is required per household.
3. Please drop off at the entrance for each weekday Mass. For Sunday Mass, please give the completed form to the volunteer in the front lobby **prior** to entering the Church.

## SELF-ASSESSMENT TOOL QUESTIONS:

1. Are you or any members of your household experiencing any of the following:  Yes  No
  - a. Severe difficulty breathing (eg. struggling for each breath, speaking in single words)
  - b. Severe chest pain
  - c. Having a very hard time waking up
  - d. Feeling confused
  - e. Lost consciousness
  - f. Shortness of breath at rest
  - g. Inability to lie down because of difficulty breathing
  - h. Chronic health conditions that you are having difficulty managing because of your current respiratory illness?
2. Do you have any of the following?  Yes  No
  - a. Fever, Sore throat, or Cough
  - b. Chills
  - c. Painful swallowing
  - d. Stuffy nose
  - e. Headache
  - f. Muscle or joint ache
  - g. Feeling unwell, fatigue or severe exhaustion
  - h. Nausea, vomiting, diarrhea, or unexplained loss of appetite
  - i. Conjunctivitis (pink eye)
3. Have you travelled outside of Canada in the last 14 days?  Yes  No

## CONTACT TRACING INFORMATION

Name	Signature	Phone Number	Date DD/MM/YYYY	Mass Time

Please list the names of the other Mass attendees from the same household:

1	
2	
3	

4	
5	
6	