



Worship Service Covid Contact Tracking information:

First name: _____ Last name: _____
Phone: _____ Date of Service: _____
Email: _____

Please answer the following questions **Yes or No**:

1. Have you traveled outside Canada in the past 14 days? Yes No
2. Have you had close contact with a person known to be infected with COVID-19 in the past 14 days? Yes No
3. Are you experiencing any COVID-19 symptoms, including fever, shortness of breath, sore throat or cough? Yes No

If you answered **'Yes'** to any of the questions, you will not be able to enter the church at this time and can attend at a later date.

Masks are required in the church unless otherwise advised by staff.

Please sign below at service.

Signature: _____ Date: _____