

ATTENTION: PLEASE SUBMIT COMPLETED FORM AT LEAST 48 HOURS PRIOR TO START OF THE SERVICE



CHURCH SERVICE ATTENDANCE REGISTRATION AND COVID-19 SCREENING FORM
 ST. VOLODYMYR CATHEDRAL OF TORONTO • 400 BATHURST ST. TORONTO ON M5T 2S6

First Name: _____ Last Name: _____
 [PRINT] [PRINT]

Tel: _____ E-mail: _____

I / WE REQUEST: [CHECK ALL THAT APPLY]	<input type="checkbox"/> Confession	<input type="checkbox"/> Communion	<input type="checkbox"/> Commemoration Book Submission	<input type="checkbox"/> Elevator Access

REQUEST TO ATTEND A SERVICE (PLEASE SPECIFY SERVICE DATE AND TYPE)

Date:

D	D	M	M	Y	Y	Y	Y
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 Liturgy Vespers Moleben Marriage Baptism
 Funeral Panakhyda Other _____

COVID-19 RISK ASSESSMENT AND SCREENING

- Do you / does anyone in your household have **ANY** of the following symptoms: • Fever (above 37.8° C) • New or worsening cough • Difficulty breathing • Difficulty swallowing • Sore throat • Runny or congested nose (*not related to seasonal allergies*) • Loss of sense of taste or smell • Nausea • Vomiting • Diarrhea • Not feeling well? YES NO
- Have you / has anyone in your household been in contact with someone who is sick or has been confirmed to have COVID-19 in the past 14 days? YES NO
- Have you / has anyone in your household travelled outside Canada in the past 14 days? YES NO
- Have you or any of your party been tested for COVID-19 in the past 14 days or received advice to self-isolate from a Public Health Authority? YES NO
- Are any of your party considered at “Higher Risk” from COVID-19 as defined by Toronto Public Health, including persons: • 70 years of age or older • pregnant or recently delivered of a child • with a compromised immune system • having a chronic health condition • regularly receiving treatment in a hospital or health care setting (ex. dialysis, surgery, cancer therapies)? YES NO
- Does any of your party have a medical condition that prevents them from wearing a mask? YES NO

If the answer to **ANY** of **QUESTIONS 1-4** is “**YES**”: For your safety and the safety of others, **you will be denied entry**. Consult a Public Health Authority. Those who might answer “**YES**” to **QUESTIONS 5-6** should consult their physician prior to participating. Please consider our online services or a service where attendance might be limited to members of the same household or social circle (ex. a *Panakhyda*), instead. Thank you for your understanding.

MEMBERS OF THE SAME HOUSEHOLD WHO WILL BE ATTENDING

NAME	SCREENER'S INITIALS	OFFICE USE ONLY		NAME	SCREENER'S INITIALS	OFFICE USE ONLY	
		°C	SEAT			°C	SEAT
1.				4.			
2.				5.			
3.				6.			

WHAT TO EXPECT: 1) Do **NOT** come to church unless you have received **attendance confirmation**. 2) Access to washroom facilities may be limited; try to use facilities at home. 3) Bring bottled drinking water with you, if required. 4) Your temperature will be recorded and you will be asked to confirm the information submitted. 5) Be patient and wait your turn. 6) Disinfect your hands. 7) Wear a mask while indoors. 8) Maintain social distancing at all times. 9) Bring exact change for candles and offerings. 10) Do not linger afterwards. Exit quickly and quietly, in good order.

I affirm that the information I have provided is true, complete, and accurate.

Date:

D	D	M	M	Y	Y	Y	Y
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 Signature: _____