



# THE SALVATION ARMY MOUNTAIN CITADEL COVID-19 SELF SCREENING DELCARATION



Giving Hope Today

The Salvation Army Mountain Citadel is taking the necessary steps to ensure the safety of all who enter our facility and avoid contributing to the further spread of COVID-19. There is a provincial requirement to complete self-screening questions, provided by Public Health officers, prior to arriving at any Salvation Army facility. Please complete the following declaration and have it ready for submission to one of our ushers and/or greeters upon arrival for worship.

**Only one declaration required for each household (People living under the same roof)**

### Screening Questions:

1. Do you, or any member of your household, have any of the following symptoms or signs? *(Symptoms should not be chronic or related to other known causes or conditions)*
  - a. Fever or chills, shortness of breath, cough, sore throat, trouble swallowing, runny/stuffy nose or nasal congestion, decrease or loss of taste or smell, nausea, vomiting, diarrhea, abdominal pain, extreme tiredness, sore muscles, headache, pink eye, falling down often.  
Yes  No
2. Has a doctor, health care provider, or public health unit told you that you, or any member of your household should currently be isolating (staying at home)?  
Yes  No
3. In the last 14 days have you, or any member of your household, been identified as a 'close contact' of someone who currently has COVID-19? *(If you have, and have received a negative result after a follow up test, select 'No')*  
Yes  No
4. In the past 14 days, have you, or anyone in your household, received a COVID-19 Alert exposure notification on your cell phone?  
Yes  No
5. In the last 14 days, have you, or anyone in your household, travelled outside Canada?  
Yes  No
6. Are you, or anyone in your household, awaiting COVID-19 test results?  
Yes  No
7. Have you carefully considered all above pre-screening questions today?  
Yes  No

**If you, or any member of your household, are exhibiting any of the probable signs of the COVID-19 virus or have had close contact with a probable or confirmed COVID-19 case in the past 14 days, access to The Salvation Army Mountain Citadel premises will be denied.**

Family Name: \_\_\_\_\_

Household Worshipers' Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Number: \_\_\_\_\_ Date: \_\_\_\_\_

*(The information collected on this form will be kept confidential and retained for a period of no more than 30 days for the purpose of timely COVID-19 contract-tracing, if required)*