

St. Paul Roman Catholic Parish

480 Signal Road, Fort McMurray AB T9H 4R7

(780) 791-4305

Directions:

1. Please print and fill this form **prior** to arriving at Church for **each** Mass celebration. The form also is available at the entrance.
2. One (1) form is required per household.
3. Please drop off at the entrance for weekday Mass. For Sunday Mass, please give to the Usher **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. Chills
 - b. Painful swallowing
 - c. Stuffy nose
 - d. Headache
 - e. Muscle or joint ache
 - f. Feeling unwell, fatigue or severe exhaustion
 - g. Nausea, vomiting, diarrhea, or unexplained loss of appetite
 - h. 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 check one
				<input type="checkbox"/> Weekday Mass <input type="checkbox"/> Saturday 7pm <input type="checkbox"/> Sunday 9am <input type="checkbox"/> Sunday 11am

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

1	
2	
3	

4	
5	
6	