

Westview Baptist Church Youth Program Covid-19 Screener

In the best interest to protect the well-being of everyone attending our youth program events the following screening questionnaire has been prepared for evaluating if a person can participate in youth program activities and access the facilities we use. Your participation is important to help us take precautionary measures to protect you and everyone in our program. Anyone who does not participate in this screening will not be permitted to participate with the Westview Baptist Youth Program.

If the answer is "Yes" to any of the following questions access to the program and the facility will be denied until the person can prove they are not Covid-19 positive.

Self-Declaration

1.	Do you have any of the following symptoms: Fever (+38 degrees C) New or worsening cough Shortness of breath or difficulty breathing Sore throat Decrease or loss of smell Decrease or loss of taste Runny nose (without other known cause) Nasal congestion (without other known cause) Difficulty swallowing Chills Headaches Unexplainable fatigue Unexplainable, generalized muscle aches Vomiting Diarrhea Nausea Abdominal pain Pink eye (conjunctivitis) Delirium/confusion Falls <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you had close contact with or cared for someone diagnosed with Covid-19 within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you been in close contact with anyone who has returned from travel outside of the country within the past 14 days? Or have you travelled outside of the country in last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name (printed): _____ Signature: _____

Parent Name: _____ Signature: _____

Date (dd/mm/year): _____