



Eastern Synod
of the Evangelical Lutheran Church in Canada

Screening Procedures

Source: [Canada Health](#)



ARE YOU EXPERIENCING ANY OF THE FOLLOWING:

FEVER, COUGH, SORE THROAT, SHORTNESS OF BREATH, ANY OTHER COLD OR FLU SYMPTOMS?

HAVE YOU BEEN DIAGNOSED, OR SUSPECTED OF HAVING, COVID-19?

HAVE YOU BEEN IN CONTACT WITH ANYONE WHO HAS COVID-19?



HAVE YOU TRAVELLED INTERNATIONALLY IN THE PAST 14 DAYS?

HAVE YOU BEEN IN CONTACT WITH SOMEONE WHO HAS TRAVELLED INTERNATIONALLY

