



Sagamok Naandwedjige-Gamik

COMMUNITY WELLNESS DEPARTMENT REGISTRATION FORM

EVENT: _____

DATE: _____

FACILITATOR: _____

Please ensure all fields are completed prior to attending event.

Primary Information			
First & Last Name:			
Parent/Guardian: <i>If participant is under 18 years of age</i>			
Date of Birth:	M/D/Y:	Age:	
Home and Mailing Address:			
Phone number:	Home:	Cell:	Work:
Email address:			
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non binary <input type="checkbox"/> Prefer not to say		
Photo Consent (Y / N):			

Medical Information			
Health Card No.:			
Primary Care Physician:			
Allergies: <i>Food, Environmental, Medications, etc.</i>			
Any medical conditions you would like our staff to be aware of: <i>Please specify</i>			
Emergency Contact:	First & Last Name:		Primary Phone No.:
	Email:	Address:	

Name: _____

Date: _____

Pandemic Screening Questions Part A: Symptoms	Yes	No
1. Do you have any of the following new or worsening symptoms ? Symptoms should not be chronic or related to other known causes or conditions.		
Fever 100.4 (37.8 C or higher) and/or Chills		
Cough (more than usual if chronic cough)		
Shortness of breath (dyspnea, out of breath, unable to breathe deeply, wheeze that is worse than usual if chronically short of breath)		
Decrease or loss of smell or taste (new olfactory or taste disorder)		
Sore throat (painful swallowing or difficulty swallowing)		
Stuffy nose and/or runny nose (nasal congestion and/or rhinorrhea)		
Headache		
Difficulty Swallowing (Painful swallowing, not related to other known cases or conditions)		
Pink Eye (Conjunctivitis, for example, reoccurring styes)		
Digestive Issues (nausea/ vomiting, diarrhea, stomach pain)		
Muscle Aches (unusual or long lasting)		
Extreme Tiredness that is unusual (fatigue, lack of energy)		
Falling Down often (for older people)		
Part B: Travel/Contact	Yes	No
2. Have you travelled outside of Canada in the last 14 days? (If you are an essential worker who crosses the Canada-US border regularly for work)		
3. In the last 14 days, has the public health unit identified you as a close contact of someone who currently has COVID-19?		
4. Has a doctor, health care provider or public health unit told you that you should currently be isolating (staying at home)?		
5. In the last 14 days, have you received a COVID Alert exposure notification on your cell? If you already went for a test & got a negative result, select "No".		

Date Completed (yyyy-mm-dd)	Temperature Reading (Note: Fever is 37.8C/100.04F and above)	Staff Initial for screening and temperature

If the individual answers **NO** to all questions, and there is no temperature at/or greater than 37.8 C from measuring, they have passed the screening. If the individual answers **YES** to any of the screening questions, or refuses to answer, then they have failed the screening and will be required to stay home and follow instructions in the Testing and Returning to Center Policy.