



Paroisse Saint-Sacrement Blessed Sacrament Parish

PAROISSE NATIONALE FRANCOPHONE DE VANCOUVER

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Father Miguel Vicente Segura Blay

HEALTH SCREENING FORM

Dear Parents and Guardians,

Preparation of the children/youth for receiving the Sacrament has started. We will be asking you to do daily health checks on your child before they attend their classes at the Church. For those youth in Grade 7, please have them wear their masks (have extra ones with them as well). The children preparing to receive 1st Communion are asked to wear masks if they can, but it is not mandatory.

The catechists will be following COVID 19 precautions, wearing masks and maintain distancing. The church will be sanitized and hand sanitizer is readily available.

This screening will be the responsibility of the parents or guardians and must be completed before attending sacrament preparation classes. If your child answers "YES" to any of the questions and the symptoms are not related to a pre-existing condition (e.g. allergies), he/she should NOT come to preparation. If he/she is experiencing any symptoms of illness, contact a health-care provider for further assessment (8-1-1, or a primary care provider like a physician or nurse practitioner). If your child answers "YES" to questions 2 or 3, use the [COVID-19 Self-Assessment Tool](#) to determine if he/she should be tested for COVID-19. Another tool for you is the [When to Get Tested Document](#).

Please complete the acknowledgement below. **This must be signed and your child must bring it to the 1st Class on September 25th.** *Please keep the checklist page on page 2 as a reference for your daily checks.*

I, _____ the Parent/guardian of _____
do hereby accept and acknowledge the responsibility to complete the health screening every morning before school and will not permit my son/daughter to attend school should he/she answer yes to any of the questions on the screening form.

Parent Signature: _____ Date: _____

The following must be used for parents and caregivers to COMPLETE DAILY prior to their child coming to sacramental preparations.

Symptoms of Illness	Does your child have any of the following symptoms?	Circle One
	Fever	YES / NO
	Chills	YES / NO
	Cough or worsening of chronic cough	YES / NO
	Shortness of breath	YES / NO
	Sore throat	YES / NO
	Loss of sense of smell or taste	YES / NO
	Headache	YES / NO
	Fatigue	YES / NO
	Diarrhea	YES / NO
	Loss of appetite	YES / NO
	Nausea and vomiting	YES / NO
	Muscle/body aches	YES / NO
	Dizziness, confusion	YES / NO
International Travel	Have you or anyone in your household returned from travel outside Canada in the last 14 days?	YES / NO
Confirmed Contact	Are you or is anyone in your household a confirmed contact of a person confirmed to have COVID-19?	YES / NO

If a student answered “YES” to any of the questions and the symptoms are not related to a pre-existing condition (e.g. allergies) your child should NOT come to church. If they are experiencing any symptoms of illness, contact a health-care provider for further assessment. This includes 8-1-1, or a primary care provider like a physician or nurse practitioner. If they answered “YES” to 2 or 3 symptoms, use the [COVID-19 Self-Assessment Tool](#) to determine if they should be tested for COVID-19.