

# COVID-19 Meeting Screening and Consent Form

Branch: \_\_\_\_\_

Event: \_\_\_\_\_

Event date: \_\_\_\_\_

## 1. STATEMENT OF UNDERSTANDING

I understand and accept that attending this event presents certain risks to me and acknowledge that risk by checking (✓) “Yes” or “No” in response to the following statements. If you respond “No” to either or both questions, please do not attend this event.	Yes (✓)	No (✓)
I understand that the novel coronavirus causes the disease known as COVID-19, that the virus has a long incubation period and that persons infected with the virus may not show symptoms and still be contagious.		
I understand that due to the presence of other members and volunteers, and the characteristics of the novel coronavirus being transmitted through the air, that I have the risk of exposure to COVID-19.		

## 2. SCREENING QUESTIONS

If you check (✓) “Yes” to any of the following three questions, please do not attend the event and contact your health-care provider.	Yes (✓)	No (✓)
<b>Health</b> Do you have any of the following new or worsening symptoms or signs that are not chronic or related to other known causes or conditions? • Fever or chills, difficulty breathing or shortness of breath, sore throat/trouble swallowing, runny/stuffy nose, decrease or loss of smell or taste, nausea/vomiting/diarrhea/abdominal pain, not feeling well/extreme tiredness/sore muscles.		
<b>Contacts</b> Have you been in close contact with a confirmed or probable case of COVID-19?		
<b>Travel</b> Have you travelled outside of Canada in the last 14 days and been told to self-isolate in accordance with federal policy?		

## 3. PROTECTIVE EQUIPMENT AND DISTANCING

All attendees must follow all local and provincial directives at all times. Even when not required, Federal Retirees strongly recommends that all attendees at Association functions wear masks and maintain physical distancing. If you are not fully vaccinated, please do not attend this event.	Yes (✓)	No (✓)
Have you been fully vaccinated (received two doses of federally approved vaccines, with the final dose administered at least two weeks ago)? <b>If you check (✓) “Yes”,</b> please complete the form by filling in the contact information section below. You will also be required to provide proof of vaccination to attend this event. <b>If you check (✓) “No”</b> or decline to answer, please do not attend this event.		

Name: (please print) \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_



National Association of Federal Retirees

Association nationale des retraités fédéraux