



HEALTH SCREENING ASSESSMENT

PLEASE PRINT CLEARLY

We require you to fill out the below assessment to assist in determining your fitness to volunteer during the COVID-19 pandemic to provide a safe environment for all volunteers and staff. This form is required for every volunteer shift you attend.

The information in this assessment is collected under the authority of FOIP section 33 (c) and will be used and disclosed solely for the purposes of determining fitness for work during the COVID-19 pandemic.

1	Do you have any of the below symptoms?	YES	NO
	<i>Fever (> 38°C) (Contactless temperature checks will continue to take place at reception upon entry)</i>		
	<i>Cough</i>		
	<i>Shortness of Breath / Difficulty Breathing</i>		
	<i>Sore Throat</i>		
	<i>Runny Nose</i>		
2	Have you travelled, or have you been in close contact with someone who has travelled, outside of Canada within the last 14 days?		
3	Have you been in close contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?		

If you indicate that you have any of the symptoms listed above or select “Yes” for any of the questions, you will not be permitted to volunteer at this time.

Volunteers must be in good health and pass a daily COVID-19 health screening assessment. Volunteers must be willing to comply with physical distancing protocols and additional health and safety measures as outlined by the leadership team.

By signing the form, I agree that all the above questions have been answered truthfully and accurately.

Volunteer Name
(Print)

Phone Number

Volunteer Signature

Date

Parent/Guardian Signature
(For youth ages 14-17)

Parent/Guardian Name
(Print)

Date:

Samaritan's Purse Canada (SPC) retains your personal information as confidential. The information you provide will also be used to inform you of our programs and projects, to help and encourage you spiritually, and to provide you with opportunities to support our work. Please contact SPC at 1.800.663.6500 or email info@samaritan.ca if you do not want your information to be used for purposes described.**



Operation Christmas Child® is a project of Samaritan's Purse®
Franklin Graham, President | 1-800-303-1269
© 2020 Samaritan's Purse. All rights reserved.