



**MOUNTAIN OF FIRE AND MIRACLES MINISTRIES – CANADA REGION 2  
CHURCH ATTENDANCE REGISTRATION FORM**

CORONAVIRUS  
**COVID-19  
ALERT**



**Primary Attendee:**

|    |                      |                   |                    |                       |
|----|----------------------|-------------------|--------------------|-----------------------|
| 1. | <b>First Name:</b>   | <b>Last Name:</b> | <b>Phone. No.:</b> | <b>Email Address:</b> |
|    | <b>Home Address:</b> |                   |                    |                       |

**Family or Household Members Attending with You (If Applicable):**

|    |  |  |  |  |
|----|--|--|--|--|
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |

*Completion of this form is NOT mandatory | Completion of this form implies data collection consent*



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**SCREENING QUESTIONS:** Please tick 'Yes' or 'No'



1. Have you or any member of your household travelled outside the province of Alberta in the last 14 days?

Yes \_\_\_\_\_ | No \_\_\_\_\_

2. Have you or any member of your household been exposed to a confirmed case of COVID-19 or someone that is being tested and awaiting results?

Yes \_\_\_\_\_ | No \_\_\_\_\_

3. Do you or any member of your household have any of the following symptoms - cough, fever, shortness of breath, runny nose, sore throat, pink-eye, loss of taste or smell, vomiting or diarrhoea (> 24 hours)?

Yes \_\_\_\_\_ | No \_\_\_\_\_

***If your answer to any of the above questions is 'Yes', we request that you please do not enter the church building or sanctuary at this time as you are prohibited by law from congregating. Thank You***

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