



## **Guidelines Around Reopening**

The OZCF Board has discussed the numerous issues around reopening the ZRCC facilities and how we plan to manage it.

Keeping in mind the prime importance of the safety of all members, the Board has taken the decision that the ZRCC facilities shall remain closed for all events except for important religious events and funerals. It is important to note that these gatherings will have minimal numbers as we must not only meet Halton Region guidelines but those of the Ministry of Health's "Religious Services, Rites or Ceremonies" document, while also respecting numbers which Mobeds are comfortable with.

The Board will update the Guidelines, Plans and Announcements as per new guidance from the Government.

It is imperative that members keep abreast of the changing directives on congregating during the current COVID-19 pandemic. The Board will notify the community of any changes, as they arise.

We understand the need to come out and socialize with other members, however, we ask that all members continue exercising caution. While the decision to venture out rests with members, the Board strongly recommends seniors to remain in the safety of their homes.

The Board thanks you for your understanding and cooperation.



**COVID-19 SCREENING CHECK SHEET**  
**To be completed Prior to Entering ZRCC**  
**A separate Form for everyone must be completed**

Visit Date: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm

**Screening Questions:**

1. Do you have any of the following new or worsening symptoms or signs?

	YES	NO
<b>New or worsening cough</b>		
<b>Shortness of breath</b>		
<b>Sore throat</b>		
<b>Runny nose, sneezing or nasal congestion</b> (in absence of underlying reasons for symptoms such as seasonal allergies and postnasal drip)		
<b>Hoarse voice</b>		
<b>Difficulty swallowing</b>		
<b>New smell or taste disorder(s)</b>		
<b>Nausea/vomiting, diarrhea, abdominal pain</b>		
<b>Unexplained fatigue/malaise</b>		
<b>Chills Nausea/vomiting, diarrhea, abdominal pain</b>		
<b>Headaches</b>		

2. Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?                      **Yes: \_\_\_\_\_**                      **No: \_\_\_\_\_**

3. Do you have a fever?                      **Yes: \_\_\_\_\_**                      **No: \_\_\_\_\_**

4. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?  
**Yes: \_\_\_\_\_ – go to question 5**                      **No: \_\_\_\_\_ – go to question 6**

5. Did you wear the required and/or recommended PPE according to the type of duties you were performing (e.g., goggles, gloves, mask and gown or N95 with aerosol generating medical procedures (AGMPs)) when you had close contact with a suspected or confirmed case of COVID-19?  
**Yes: \_\_\_\_\_ – go to question 6**                      **No: \_\_\_\_\_**

6. Are you aware of any COVID-19 related reason why you should not be here?  
**Yes: \_\_\_\_\_**                      **No: \_\_\_\_\_ screening complete**

**PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_**  
*(a parent or guardian must sign on behalf of children 19 years and under)*

**Tel No: \_\_\_\_\_**