

SEMINARY OF CHRIST THE KING

INDIVIDUAL RISK ASSESSMENT FOR COVID-19

SEMINARY OF CHRIST THE KING • PO BOX 3310 • MISSION, BC • V2V 4J5 • PHONE: 604-826-8715 • FAX: 604-826-8725

Individual Risk Assessment for COVID-19 Academic and Formation Year 2020 - 2021

The purpose of this form is to provide an active screening for potential risks of COVID 19 with anyone entering the property and building of the Seminary of Christ the King and to ensure the safety and wellbeing of everyone.

This screening is not intended to take the place of medical advice, diagnosis or treatment.

This Individual Risk Assessment is to help assist The Rector, Faculty and Staff to assess the seminarians' fitness to participate in the academic work and formation work in in-person sessions during the COVID-19 pandemic.

Those with symptoms related to pre-existing conditions or allergies can still participate in the in-person sessions.

NAME:		DATE:	
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Please complete all the questions below:

1. Are you experiencing any of the following:

- Severe difficulty breathing (e.g. struggling to breathe or speaking in single words)
- Severe chest pain
- Having a very hard time waking up
- Feeling confused
- Losing consciousness

Yes No

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2. Are you experiencing any of the following:

- Mild to moderate shortness of breath
- Inability to lie down because of difficulty breathing
- Chronic health conditions that you are having difficulty managing because of difficulty breathing.

Yes No

3. Are you experiencing cold, flu or COVID-19-like symptoms, even mild ones?

Symptoms include: fever, chills, cough, shortness of breath, sore throat and painful swallowing, stuffy or runny nose, loss of sense of smell, headache, muscle aches, fatigue or loss of appetite.

Yes No

4. Have you travelled to any countries outside Canada (including the United States) within the last 14 days?

Yes No

5. Did you provide care or have close contact with a person with confirmed COVID-19?

Note: This means you would have been contacted by your health authority's public health team.

Yes No

**Close contact includes providing care, living with or otherwise having close prolonged contact (within 2 meters) while the person was ill, or contact with infectious bodily fluids (e.g. from a cough or sneeze) while not wearing recommended personal protective equipment.*

If you answer “YES” to any of the above, you will not be permitted to attend the in-person sessions at this time and you must self-isolate.

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I, the undersigned, certify that all of the information provided is true to the best of my knowledge, and I have not knowingly omitted any information.

Student/Faculty (please print): _____

Student/Faculty Signature: _____

Date: _____ **Cell Phone Number:** _____

Risk Assessment Update:

Instructor Name: _____

Instructor Signature: _____

Date: _____

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If you are a Seminarian who is commuting from outside the property, unlike in house residents, this page provides a daily log of individual risk assessments. Review the Individual Risk Assessment on the preceding page.

Provided you are still able to answer “No” to each of the questions, sign and date this page to acknowledge that you have completed the Individual Risk Assessment. Retain these pages with you and have them available each time you enter the Seminary property for class.

You are required to present this page to your instructor at each new session, if you have been off the property and answer the risk assessment questions.

If you answered “Yes” to any of the questions, you are not permitted to attend and you must self-isolate.

NAME: _____



