



Maha Ganapathy Temple Edmonton

Have you completed Alberta Health Services (AHS) on line Self Assessment within the last three (3) days

Do you want MGSA to email you about Temple programs and up coming events?

Visiting Date		Number of visitors from the same house hold							
Visiting Time									
Visitor	Full Name	email Address	Phone Number	YES	NO	YES	NO		
1									
2									
3									
4									
5									
Question	Please answer the following three questions for every visitor			Visitor 1	Visitor 2	Visitor 3	Visitor 4	Visitor 5	
				Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
	1	Are you experiencing the most common symptoms of COVID-19 : fever, cough, shortness of breath, runny nose or sore throat?							
	2	Have you travelled outside of Canada in the past 14 days?							
3	Did you have close contact with a person who has confirmed case of COVID-19?								
<p>Note: As per AHS guidelines, if any one of the answers is yes to the above 3 questions, that person is prohibited by Law from entering the place of worship</p> <p><i>I hereby agree that I and my accompanying household member(s) will obey all signage posted at the Temple, the direction given by Temple duty Manager, or Temple volunteers and the Temple Guidelines. In addition, we are aware and will comply with Physical distancing and Mask wearing requirements.</i></p> <p><i>The personal information collected above will only be used for COVID-19 contact tracing and will be shared with AHS. The data will be protected and will be kept for 2 weeks unless agreed to use for MGSA email communication as identified above.</i></p> <p>Signature: _____ Date: _____</p> <p>Name: _____</p>									



Maha Ganapathy Temple Edmonton

Have you completed Alberta Health Services (AHS) on line Self Assessment within the last three (3) days

Do you want MGSA to email you about Temple programs and up coming events?

Visiting Date		Number of visitors from the same house hold:							
Visiting Time									
Visitor	Full Name	email Address	Phone Number	YES	NO	YES	NO		
1									
2									
3									
4									
5									
Question	Please answer the following three questions for every visitor			Visitor 1	Visitor 2	Visitor 3	Visitor 4	Visitor 5	
				Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
	1	Are you experiencing the most common symptoms of COVID-19 : fever, cough, shortness of breath, runny nose or sore throat?							
	2	Have you travelled outside of Canada in the past 14 days?							
3	Did you have close contact with a person who has confirmed case of COVID-19?								
<p>Note: As per AHS guidelines, if any one of the answers is yes to the above 3 questions, that person is prohibited by Law from entering the place of worship</p> <p><i>I hereby agree that I and my accompanying household member(s) will obey all signage posted at the Temple, the direction given by Temple duty Manager, or Temple volunteers and the Temple Guidelines. In addition, we are aware and will comply with Physical distancing and Mask wearing requirements.</i></p> <p><i>The personal information collected above will only be used for COVID-19 contact tracing and will be shared with AHS. The data will be protected and will be kept for 2 weeks unless agreed to use for MGSA email communication as identified above.</i></p> <p>Signature: _____ Date: _____</p> <p>Name: _____</p>									