



WHITEFISH RIVER FIRST NATION MEMBER REGISTRATION FORM #1

Travelling to a **High Risk** or **Moderate Risk** area – review Ontario Zones and Restrictions Map
We need to notify you for Contact Tracing.

All MEMBERS leaving home are encouraged to fill out this form.

WHITEFISH RIVER FIRST NATION STATE OF EMERGENCY IS STILL IN EFFECT

Contact Information

First Name: _____	Last Name: _____
Address: _____	Date: _____
Town/City: _____	Province: _____
Phone #: _____	Postal Code: _____
E-mail address: _____	

Location on Reserve

Address: _____		
Town: _____	Province: _____	Postal Code: _____

Reason for Travelling

Name of Individual(s) you will be in contact with:	
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Date Arriving:	
Starting at (time): _____ AM/PM to _____ AM/PM	Total Time: _____

Applicant Signature or Electronic Signature

_____	_____
Print Name	Print Date:

Signature	

If you have any questions, please contact the Incident Commander at 705-562-4017
Please email completed form to: covid19@whitefishriver.ca



Whitefish River First Nation in State of Emergency

COVID-19 SCREENING QUESTIONNAIRE

Name: _____

Date: _____

You must screen for COVID-19 before coming to the Whitefish River First Nation community.

Q1. Do you have any of the following symptoms:	
<input type="checkbox"/> Fever (over 37.8°C/100.0°F)	<input type="checkbox"/> Chills
<input type="checkbox"/> Sluggishness or lack of appetite (for young children and infants)	<input type="checkbox"/> Loss of appetite
<input type="checkbox"/> Digestive issues like nausea/vomiting, diarrhea, stomach pain (Not related to other known causes or conditions – for example, irritable bowel syndrome, anxiety in children, menstrual cramps)	<input type="checkbox"/> Fatigue or extreme tiredness that is unusual, including Fatigue or lack of energy (Not related to other known causes or conditions – for example, depression, insomnia, thyroid dysfunction)
<input type="checkbox"/> Headache that's unusual or long-lasting (Not related to other known causes or conditions – for example, tension-type headaches, chronic migraines)	<input type="checkbox"/> Runny nose* (Not related to other known causes or conditions – for example, seasonal allergies, being outside in cold weather)
<input type="checkbox"/> Shortness of Breath new or worsening (Out of breath, unable to breathe deeply, not related to other known causes or conditions – for example, asthma)	<input type="checkbox"/> Muscle aches that are unusual or long-lasting (Not related to other known causes or conditions – for example, a sudden injury, fibromyalgia)
<input type="checkbox"/> Decrease or loss of taste or smell (Not related to other known causes or conditions – for example, allergies, neurological disorders)	<input type="checkbox"/> Sore throat (Not related to other known cause or conditions – for example, seasonal allergies, acid reflux)
<input type="checkbox"/> Cough – New or worsening (Continuous, more than usual, not related to other known causes or conditions – for example, COPD)	<input type="checkbox"/> Barking cough , making a whistling noise when breathing (Croup, not related to other known causes or conditions)
<input type="checkbox"/> Difficulty swallowing (Painful swallowing, not related to other known causes or conditions)	<input type="checkbox"/> Stuffy or congested nose (Not related to other known causes or conditions – for example, seasonal allergies)

*Note: if presenting with ONLY runny nose/sneezing or nasal congestion: Do you have a history of seasonal allergies and post-nasal drip that is consistent with what you are experiencing?

Any 1 of these symptoms would indicate a “positive screen” requiring self-quarantine and COVID testing.

Q2. If you have any symptoms, are they normal for you (related to a known causes or condition)? You should talk with a doctor if you feel sick or think you have a cold or flu because symptoms are similar to COVID-19.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q3. Have you traveled outside of Canada in the last 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q4. In the last 14 days, have you tested positive for COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q5. In the last 14 days, have you been in close physical contact with someone who currently has COVID-19? This includes getting a COVID Alert exposure notification. Close physical contact means: <ul style="list-style-type: none"> • Being less than 2 metres away in the same room, workspace, or area • Living in the same home • Being in the same classroom, vehicle, or store 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q6. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Next Steps:

- If you did not check off ANY of the symptoms in Q1 AND answered NO to the questions Q2, Q3, Q4, Q5, and Q6, then you can:**
 - Send your COVID-19 Screening Questionnaire to covid19@whitefishriver.ca email address, attention Incident Commander
 - Wait for a response from the Incident Commander
 - Ensure you print off all your documentation before traveling
- If you checked off ANY of the symptoms in Q1 OR answered YES to ANY of the questions to Q2, Q3, Q4, Q5, and Q6, then you can:**
 - Take the online self-assessment test at <https://covid-19.ontario.ca/self-assessment/>
 - Isolate (stay home) and do not leave except to get tested or for a medical emergency
 - Talk with a doctor/health care provider or visit an assessment centre if you want to get a COVID-19 test

If you were in close physical contact with someone who currently has COVID-19 you must isolate for 14 days, even if you get a negative test result. If you traveled outside Canada you must isolate for 14 days starting from the date you returned, even if you do not have symptoms. This is a federal law.

If someone in your household has symptoms, contact your local public health unit.