



Whitefish River Remains in State of Emergency

WHITEFISH RIVER FIRST NATION MEMBER REGISTRATION FORM #2

Travelling from a **High Risk** or **Moderate Risk** area – review *Ontario Zones and Restrictions Map*.

We need to notify you for Contact Tracing.

All REGISTRANTS must fill out this form and have two options moving forward:

- 1) 14-day self and household isolation, see our website www.whitefishriver.ca for guidelines.
- 2) Self and household isolation **AND** COVID-19 test results indicating negative must be shared with Incident Commander (covid19@whitefishriver.ca) 705-562-4017.

Contact Information

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

Location on Reserve

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

Reason for Attending

Name of Individual(s) you will be in contact with:	
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.