

**COVID-19 Health Screening for “Church Outside” 11/1/2020\***



1. Have you or someone in your immediate family been in contact with a confirmed case of COVID-19 in the past 14 days? Contact is being within 6 feet or closer for more than 15 minutes.

CHECK: Yes  No

2. Are you experiencing any of the following symptoms?

- |                    |          |  |            |
|--------------------|----------|--|------------|
| Fever or Chills    | Cough    | Shortness of breath/difficulty breathing | Fatigue    |
| Sore throat        | Headache | Muscle/Body aches                        | Congestion |
| Nausea or Vomiting | Diarrhea | Recent loss of taste/smell               |            |

CHECK: Yes  No

3. Do you or someone in your household have a fever today or in the past 48 hours of 100.4 or more?

CHECK: Yes  No

4. Have you had a positive COVID-19 test for active virus in the past 10 days?

CHECK: Yes  No

5. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

CHECK: Yes  No

6. Do you have your face mask?

CHECK: Yes  No

Name (print): \_\_\_\_\_ Phone : \_\_\_\_\_

Email: (optional) \_\_\_\_\_ Date: \_\_\_\_\_ (answers as of 11/1/2020)

\*Required for each person attending, with answers as of Sunday, 11/1/2020. For multiple people in a household, complete a separate form for each individual.