HEALTH SCREENING

Before entering, please review the following questions about you and anyone in your household/group attending today:

Have you been experiencing symptoms that are consistent with COVID-19: ***cough, shortness of breath, fever, chills, headache, new loss of taste or smell, nausea or vomiting, fatigue*** that started in the past 10 days?

YES **NO**

In the past 10 days, have you been tested positive for COVID-19?

YES **NO**

In the past 10 days, have you visited, cared for, or been in contact with anyone who has been diagnosed with COVID-19?

YES **NO**

Entering this facility means that:

You have answered **NO** to all of the above questions.

You will show **vaccination card** & matching ID.

You agree to wear your **mask** at all times.

Thank you for your cooperation.

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AN OPEN & AFFIRMING CHURCH