



COVID-19 Pre-Screening Questionnaire

Please submit this questionnaire upon arrival at Evans Solid Rock Church for All People. Complete one form per household attending the worship service. The questionnaire applies to in-person attendance only.

- 1) In the last 14 days, have you, or a member of your household, tested positive for COVID-19 or diagnosed by a physician with COVID-19 based upon symptoms? YES NO
- 2) In the last 14 days, have you, or a member of your household, had close contact (within 6 feet for at least 15 minutes) with someone diagnosed with COVID-19 or someone who has been advised to quarantine by any health department or health professional? YES NO
- 3) During the last 24 hours, did any member of your household have any two of the following COVID-19 related symptoms? YES NO
- a) Feeling feverish or a measured temperature greater than or equal to 100.4 F
 - b) Loss of taste or smell
 - c) Cough
 - d) Difficulty breathing or Shortness of Breath
 - e) Fatigue
 - f) Headache
 - g) Chills
 - h) Sore Throat
 - i) Congestion or runny nose
 - j) Shaking or exaggerated shivering
 - k) Significant muscle pain or ache
 - l) Diarrhea
 - m) Nausea or vomiting
- 4) In the last 24 hours, did you, or a member of your household, take any medicine That reduces fever? YES NO

If any member of your household answered “yes” to the questions above, we ask that you return home and join us via online worship.

Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Email: _____

Household Members attending today: _____
