East Berlin Community Church

COVID-19 Pre-screening Questions

East Berlin Community Church COVID-19 Pre-screening Questions

Name: Date:_ Telephone: Temperatur		ature:		Name:	Date:		
				Telephone:	Temperature:	Temperature:	
Are you experiencing any of the following symptoms?				Are you experiencing any of the following symptoms?			
1.	Cough (not due to allergies)	Yes	No	1. Cough (not due to allergies	Yes	s No	
2.	Shortness of breath or difficulty breathing	Yes	No	2. Shortness of breath or diffic	culty breathing Yes	s No	
3.	Sore Throat	Yes	No	3. Sore Throat	Yes	s No	
4.	Chills	Yes	No	4. Chills	Yes	s No	
5.	Muscle ache or unusual fatigue	Yes	No	5. Muscle ache or unusual fati	igue Yes	s No	
6.	Headache	Yes	No	6. Headache	Yes	s No	
7.	New loss of taste or smell	Yes	No	7. New loss of taste or smell	Yes	s No	
8.	Abdominal pain, nausea, vomiting, diarrhea	Yes	No	8. Abdominal pain, nausea, vo	omiting, diarrhea Yes	s No	
Have you had close contact with someone who has currently tested positive for COVID-19?		Yes	No	Have you had close contact with someone who has currently tested positive for COVID-19?		s No	
Have you been diagnosed with COVID-19 in the past three weeks or have reason to believe you have it?		Yes	No	Have you been diagnosed with COVID-19 in the past three weeks or have reason to believe you have it?		s No	
Have you traveled or had close contact with someone Yes who has traveled internationally in the last 14 days?		No	Have you traveled or had close contact with someone who has traveled internationally in the last 14 days?		s No		
Sig	nature:			Signature:			