

*for the earth and its fullness are the Lord's ~ 1 Corinthians 10:26*

# COVID-19 SCREENING QUESTIONNAIRE

The health and well-being of our staff and volunteers are of the utmost importance and we are taking measures to maintain a safe environment. If you answer yes to any of these questions, please return home for your safety and the safety of others.

Thank you for your prayerful care of God's people.

**In the last 14 days,** have you or a family member experienced a new cough?

**In the last 14 days,** have you or a family member suffered from a new shortness of breath?

**In the last 14 days,** have you or a family member suffered from body aches that you cannot attribute to a specific activity such as physical exercise?

**In the last 14 days,** have you or a family member experienced a sore throat?

**In the last 14 days,** have you or a family member experienced a new loss of taste or smell?

**In the last 14 days,** have you or a family member experienced a fever over 100.4 degrees Fahrenheit?

**In the last 14 days,** have you or a family member been exposed to someone who has a confirmed diagnosis of COVID-19, or is awaiting test results?

