Last Name:_____
Date:_____

CTK Skagit Church / CTK YOUTH
Health Screening Questionnaire

The health and safety of students, families, volunteers, and church staff is our primary concern. As the coronavirus (COVID-19) pandemic continues, CTK Skagit Church is monitoring the situation closely and following the guidance from the Governors' Office, the State Department of Health (DOH), Local Health authorities in order to prevent the introduction or transmission of coronavirus in the church community. We are asking everyone to complete and submit this questionnaire prior to entering the church facility. Please do not enter the church facility until your responses have been reviewed and your entry has been approved.

Please respond to each of the following questions truthfully and to the best of your knowledge. Your participation is important to help us take precautionary measures to protect you and other event participants.

	Health Self-Assessment
1	Are you currently experiencing or have you experienced any of the following flu-like symptoms not attributable to another condition in the past 14 days? (***Please take your temperature before you answer this question.)*** Yes ☐ No ☐ Fever (100.4° F/37.8° C or greater as measured by an oral thermometer) Yes ☐ No ☐ Cough Yes ☐ No ☐ Shortness of breath or difficulty breathing Yes ☐ No ☐ Sore throat Yes ☐ No ☐ New loss of taste or smell Yes ☐ No ☐ Chills Yes ☐ No ☐ Head or muscle aches Yes ☐ No ☐ Nausea, diarrhea, vomiting Yes ☐ No ☐ Other unexplained flu-like symptoms
2	In the past 14 days, have you been in close proximity to anyone who was experiencing flu-like symptoms (see above) or has experienced any of the above symptoms since your contact? a Yes ☐ No☐
3	In the past 14 days, have any of your family been ill with flu-like symptoms? Yes ☐ No☐

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4	In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19? Yes ☐ No☐
5	In the past 14 days, have you or anyone you know been contacted by health department staff who are conducting COVID-19 case contact tracing? Yes ☐ No☐
6	Have you tested positive for COVID-19, or been told by your health care provider that you may have COVID-19 based on your symptoms? Yes ☐ No☐
7	Have you been tested for COVID-19 and are waiting to receive test results? Yes ☐ No☐
8	Is there any reason why you feel you are at higher risk of having COVID-19 or transmitting COVID-19 to other persons? If "yes", please provide a brief explanation. Yes ☐ No☐ Explanation:_____

Certification

I hereby acknowledge that the responses provided above are true and accurate to the best of my knowledge.

Signature:_____ Date: _____