



COVID-19 SCREENING QUESTIONNAIRE

Participant Name: _____ **Date:** _____

COVID-19 Health Questionnaire

In the last 72 hours, have you had:

- ☐ Cough or other respiratory symptoms
- ☐ Fever of 100° or above
- ☐ Shortness of breath or difficulty breathing
- ☐ Sore throat
- ☐ Flu symptoms: runny or stuffy nose, muscle or body aches, headaches, fatigue (tiredness)
- ☐ New loss of taste or smell
- ☐ Persistent pain or pressure in the chest

if you have had any of the above symptoms, we recommend you contact your physician and request that you not attend the service until you are feeling better.

Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Yes ☐ No ☐

If you are diagnosed with COVID-19 within the next 14 days of attending Church, please contact the Church office know immediately as we will need to inform other members about possible exposure.

Temperature Recording: _____

Best way to contact you: _____

Participant Signature: _____

Lacey Presbyterian Church

360-491-7722

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