



COVID-19 Health Questionnaire

In the interest of safety and comfort of others, if you answer yes to any question on this form, or if your temperature is 100.4 degrees Fahrenheit or higher, please do not come to church.

WHILE YOU ARE AT FIRST PRES, PLEASE:

- ✓ Only use designated doors
- ✓ Masks are recommended for adults
- ✓ Unvaccinated adults and children should wear masks
- ✓ Use hand sanitizer upon entry

Your Name _____ Date: _____

1) Have you or anyone in your household been exposed to someone with COVID-19 (within 6 feet for at least 15 minutes) in the last 14 days? Yes _____ No _____

2) Have you been asked to self-isolate or quarantine by a local public health official or medical professional in the last 14 days? Yes _____ No _____

3) Do you exhibit any of the following NEW symptoms?

Check all that apply:

- | | | |
|---|-----------|----------|
| Fever over 100.4° F (or on fever-reducing medication) | Yes _____ | No _____ |
| New uncontrolled cough (not due to allergies) | Yes _____ | No _____ |
| Shortness of breath or difficulty breathing | Yes _____ | No _____ |
| Chills or muscle pain | Yes _____ | No _____ |
| New onset of severe headache | Yes _____ | No _____ |
| Sore throat | Yes _____ | No _____ |
| Recent loss of taste or smell | Yes _____ | No _____ |
| Diarrhea, vomiting, nausea, abdominal pain | Yes _____ | No _____ |

First Pres staff and volunteers will attempt to take all appropriate precautions in accordance with the advice of federal and local public health officials. By your signature you understand that you assume the risk of contracting COVID-19 anytime you enter a public space, since precautions do not eliminate the risk of infection and there is no guarantee to prevent injury or illness.

With my signature below, I confirm that I have read and given careful thought to the above questions and provided honest answers.

Signature _____

Parent/Guardian Signature (if Minor) _____

Printed Parent/Guardian Name (if Minor) _____