

**ORIGINAL MT. PLEASANT MISSIONARY BAPTIST CHURCH
COVID-19 CHURCH MEMBER/GUEST SELF-SCREENING FORM**

The safety of our members and guests is our number one priority. As the coronavirus (COVID-19) continues, we are monitoring the situation closely and following the guidance from the Local Health and the Centers for Disease Control and Prevention Authorities. In order to prevent the spread of coronavirus and reduce the potential risk exposure to our members, we are asking everyone to submit this questionnaire prior to entering our facility. Please do not enter the 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 ability. Your participation is important to help us take precautionary measures to protect you and other members.

NAME:			
PHONE NUMBER:			
MEMBER/GUEST:			
SYMPTOMS		YES	NO
Cough			
Shortness of breath or difficulty breathing			
Fever			
Chills			
Fatigue			
Muscle aches and pains			
Sore throat			
Headaches			
Diarrhea, Nausea, Vomiting			
Loss of taste or smell			
In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms?			
In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?			
Have you been tested for COVID-19 and are waiting for test results? Have you tested positive for COVID-19. Or are you presumptively positive for COVID-19 based on your healthcare provider's assessment or your symptoms?			
In the past 14 days, have you been on a commercial flight or travelled outside of the United States?			
In the past 14 days, have you been in close proximity to anyone who has been on a commercial flight or travelled outside of the United States?			
Is there any reason you feel you are at higher risk of contracting COVID-19 or experiencing complications from COVID-19 by entering the premises? If "yes", please provide a brief explanation			
Explanation			

CERTIFICATION

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

Signature: _____

Date: _____