

## Christ Church Media

### COVID-19 SCREENING QUESTIONNAIRE

To protect all those using our church building, we ask that you answer the following questions before attending an in-person gathering. Thank you.

NAME \_\_\_\_\_

DATE \_\_\_\_\_

	YES	NO
Do you or have you had a fever of above 100 degrees in the past three days?		
Have you recently lost or had a reduction in your senses of smell or taste?		
Are you having shortness of breath or any difficulty breathing?		
Do you have a sore throat?		
Do you have a dry cough?		
Do you have a runny nose?		
Do you have any other flu-like symptoms?		
Have you been in contact with someone who has tested positive for or suspected they were positive for Covid-19 in the last two weeks?		
Have you tested positive for Covid-19 or are you awaiting test results for Covid-19 within the last 10 days?		