

TODAY'S DATE: _____

CDC FACILITIES COVID-19 SCREENING

Accessible version available at <https://www.cdc.gov/screening/>

PLEASE READ EACH QUESTION CAREFULLY	PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU	
Have you experienced any of the following symptoms in the past 48 hours: <ul style="list-style-type: none">• fever or chills• cough• shortness of breath or difficulty breathing• fatigue• muscle or body aches• headache• new loss of taste or smell• sore throat• congestion or runny nose• nausea or vomiting• diarrhea	YES	NO
Within the past 14 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with: <ul style="list-style-type: none">• Anyone who is known to have laboratory-confirmed COVID-19? OR <ul style="list-style-type: none">• Anyone who has any symptoms consistent with COVID-19?	YES	NO
Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?	YES	NO
Are you currently waiting on the results of a COVID-19 test?	YES	NO

If you answered YES to any of the above questions, you are not permitted to attend services at Beth El – The Beaches Synagogue. You will be asked these questions again at the door to enter Beth El, and your temperature will be taken. Please arrive promptly.