

Today's Date: _____

Temperature*:

Name: _____

Preferred Telephone No. _____ Preferred Email: _____

Goshen COVID-19 Screening

To protect everyone using our church building, we ask that you answer the following questions before further entrance into the building.

PLEASE READ EACH QUESTION CAREFULLY	PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU	
1. Are you experiencing any COVID-19 symptoms? <ul style="list-style-type: none">• Fever or chills• Cough• Shortness of breath or difficulty breathing• Fatigue• Muscle or body aches• New loss of taste or smell• Sore throat• Congestion or runny nose• Nausea or vomiting• Diarrhea• Headache	Yes	No
2. Have you been exposed to or asked to quarantine due to exposure to COVID-19 within the past 14 days?	Yes	No
3a. Have you tested positive for COVID-19 within the past 14 days?	Yes	No
3b. If you have tested positive for COVID-19 within the past 14 days, have you since tested negative for COVID-19?	Yes	No
4. Are you waiting on results from a COVID-19 test?	Yes	No
5. Have you traveled to places with higher rates of COVID-19 infection or hot spots within the past 14 days?	Yes	No
6a. Have you had the COVID-19 vaccinations?	Yes	No
6b. If so, have you had a COVID-19 booster vaccination?	Yes	No

***If you have answered "yes" to question 1, 2, 3 or 4 and/or have an elevated temperature of 100.4 or above, you will not be admitted in the building and encouraged to follow-up with a doctor.**