

VISITOR AND EMPLOYEE HEALTH SCREENING CHECKLIST



CONDUCT HEALTH SCREENING EACH TIME EMPLOYEES OR VISITORS ENTER THE FACILITY.

Have you had any of the following symptoms since your last day at work or the last time you were here that you cannot attribute to another health condition?

Please answer “Yes” or “No” to each question. Do you have:

- ☐ Fever or feeling feverish?
- ☐ Chills?
- ☐ A new cough?
- ☐ Shortness of breath?
- ☐ A new sore throat?
- ☐ New muscle aches?
- ☐ New headache?
- ☐ New loss of smell or taste?

If you answered “yes” to any of the screening questions:

- Do NOT enter the church building
- Go home
- Stay away from other people
- Contact your health care provider.