



# United Church of God

*an International Association*

## COVID-19

### VOLUNTEER, CONGREGANT AND VISITOR SYMPTOM SCREEN AND POTENTIAL EXPOSURE REPORT FORM

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(Please print FIRST & LAST name)

Email Address\* \_\_\_\_\_ Phone Number\* \_\_\_\_\_

\*if not already recorded in church records.

**Have you experienced the following possible signs/symptoms of COVID-19 (mark all that apply)?**

#### SYMPTOMS (Circle Yes or No)

Yes No A cough (new or changed)

Yes No Shortness of breath or difficulty breathing (new/not baseline)

Yes No Fever ( $\geq 100.4$  degrees F) Temperature Reading \_\_\_\_\_  
(Record degrees Fahrenheit)

Yes No Sore Throat

Yes No New loss of taste or smell

#### EXPOSURE (Circle Yes or No)

Yes No Within the last 14 days, have you traveled outside the SF Bay Area and to a virus hotspot?

Yes No Have you been in close contact with a person known to have COVID-19?

If there are “yes” answers to questions in the “Symptoms” section AND/OR “yes” answers to questions in “Exposure” section, we ask that you not attend in-person church services. Thank you.

Signature \_\_\_\_\_ Date \_\_\_\_\_