

## Screening Script

1. Have you or anyone in your household had any of the following symptoms in the last 21 days?  
Sore throat, cough, chills, body aches for unknown reasons, shortness of breath or unknown reasons, loss of smell, loss of taste, fever at or greater than 100 degrees?
2. Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19?

Should the answer be “Yes” to any of these questions:

- a. Have you sought medical treatment or advise?
- b. At this time, in order to protect other worshipers from possible exposure, we are going to request that you worship from home. (*How can/so we soften this?*)