

Date: _____

GFC In-House Attendance Screening

(For everyone 18 years and older)

1. Within the last 24 hours have you experienced any of the following symptoms? (Please circle all experiences & answer Yes or No.)

Feel like you have or had a **fever**? New or worsening **Cough**? **Trouble breathing**?
Loss of taste or sense of **smell**? **Sore throat**? New or worsening **body aches**?

Yes

No

2. Have you been in close contact with anyone who has tested positive or is suspected of having COVID-19 in the past 14 days?

Yes

No

3. Have you tested positive for COVID-19 within the last 10 days?

Yes

No

If **yes**, to any of the above **THANK YOU FOR NOT ATTENDING TODAY.**

Please come back and fellowship with us when you are free from any symptoms.

Your Name _____ Phone # _____
(Please print)

For **Contact Tracing purposes**, please list the names/telephone # of anyone who attended church with you today.

*** PLEASE CONTACT US IF YOU OR ANYONE IN YOUR GROUP TEST POSITIVE FOR COVID WITHIN THE NEXT 2 WEEKS.** You will be contacted if anyone who is present today is known to have tested positive.

GFC _____