

# ANYWHERE OR ANYPLACE LUTHERAN CHURCH, SCHOOL OR CHILDCARE

## COVID-19 Screening Checklist

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Worship Service or Activity Attended \_\_\_\_\_

**Purpose:** In an effort to prevent the spread of COVID-19 and reduce the risk of exposure to our fellow attendees, we are requesting that you answer this short screening questionnaire. Your participation is important to assist us in taking precautionary measures to protect you and others in this facility. Thank you.

**Instructions:** All persons entering the *church/school/childcare* building must answer the following questions. This questionnaire will be maintained for 14 days from the completion of this form. The form or the information on the form will be available upon request from the Department of Health.

### Attendee Self-Declaration

1. Do you have any of the following respiratory symptoms?
  - New or worsening cough? \_\_\_\_Yes \_\_\_\_No
  - New or worsening shortness of breath? \_\_\_\_Yes \_\_\_\_No
2. Have you had a (temperature 100.4°F or greater within the last 14 days) \_\_\_\_Yes \_\_\_\_No
3. Are you feeling feverish? \_\_\_\_Yes \_\_\_\_No
4. Are you having chills? \_\_\_\_Yes \_\_\_\_No
5. Have you been in a facility or home with confirmed COVID-19 by lab test within the last 14 days?  
\_\_\_\_YES \_\_\_\_NO
6. Have you been in close contact with or cared for someone diagnosed with COVID-19 in the last 14 days? \_\_\_\_YES \_\_\_\_NO

**If you answered NO to all questions you will be welcomed to the building. Please be aware of the following protocols:**

- Attendees (*insert age such as "over age 10"*) are required to wear a cloth or disposable face mask.
- Attendees or family households will maintain six feet of space between other attendees or households.
- Attendees who have confirmed COVID-19 by lab test after being present in this building are requested to inform the church office at *phone number*.