**RECAU. **

# PARTICIPANT SELF-SCREENING – PLEASE DO AT HOME

COVID-19 Precautions: For the foreseeable future, we ask everyone to self-screen prior to coming into
 the Church facility.

# Today’s health – Any Potential Symptoms of COVID-19

For the protection of your church family, please answer yes or no. **If you answer yes to**

**any of these questions, please refrain from coming to the Church.**

|  |  |
| --- | --- |
| YES |  NO |
|  |  **Have a fever** above 100.0o Fahrenheit. |
|  |  **Have unexplained coughing,** or **new loss of taste** or **smell**. |
|  | **Have difficulty breathing**, or shortness of breath, or rapid breathing. |
|  | **Have any cold or flu-like symptoms** (including any fever, cough, sore throat, respiratory illness, chills, body aches, headache, diarrhea, nausea/vomiting or runny nose). |
|  | **Have** an **unexplained rash**, swollen hands/feet, or red skin/eyes (particularly in children). |
|  | **Do not feel good**, or unexplained tiredness. |

1. **Potential COVID-19 Exposure –**

For the protection of your church family, please answer yes or no if in the last 14 days you or any member of your family…

|  |  |
| --- | --- |
| YES | NO |
|  | **Have had** a positive **COVID-19** test. |
|  | **Believe you** have **had COVID-19**. |
|  | Have difficulty breathing, or shortness of breath, or rapid breathing. |
|  | **Have experienced any cold or flu-like symptoms** (including fever, cough, sore throat, respiratory illness, difficulty breathing, chills, body aches, headache, diarrhea, nausea/vomiting or runny nose). |
|  | **Have had contact** with someone who has or may have had **COVID-19**. |
|  | **Have returned from international travel** or a **COVID-19 Hot-Spot**. |
|  | Worked in an environment with **high-potential of COVID-19 exposure**. |

1. **High Risk of developing severe COVID-19 symptoms, including death –**

For your protection, note you may be at high risk of severe COVID-19 symptoms if…

**Regardless of age, have chronic disease/underlying medical conditions** that your
physician deems makes you High-Risk for severe COVID-19 symptoms (Examples include: lung disease, moderate to severe asthma, heart disease, immunocompromised,

cancer, sever obesity/BMI>40, diabetes, kidney dialysis, liver disease, etc. Source: CDC) Are **over 65** years of age. (80% of US deaths are in people over 65)

**IF YOU DO NOT FEEL WELL, PLEASE DO NOT COME TO CHURCH.**