

Worship Service Check-In Form – COVID-19

To provide you with the safest possible worship experience, we ask that you please provide the following contact information and responses to questions for symptoms of COVID-19.

Your Name/s: _____

Telephone Number/s: _____ Assigned Seat/s : _____

In the past 14 days, have you been out of state or had any of these symptoms? https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx		
		Please enter your response below. (Yes or No)
1.	A list of states requiring quarantine will be posted at the check-in for temperature taking. If you have been, please return after 14 of quarantine. Check the PA Dept of Health website for a listing.	
2.	Dry cough (change from baseline)?	
3.	Shortness of Breath (change from baseline)?	
4.	Muscle aches (myalgias)?	
5.	Sore throat?	
6.	Headache (influenza like illness)?	
7.	Fatigue (influenza like illness)?	
8.	Have you had close contact with anyone who has COVID-19? (close contact is defined as 6 ft. for 10 minutes)	

If your answer is YES to any of the above, for the sake of others as well as yourself, we cannot allow you to join us in worship at this time. We welcome you to come and join us in worship after a 14-day quarantine. Thank you.