

St. Joseph Catholic Church  
Crescent City, CA

COVID-19 Prevention Plan

Name:

Address:

Phone Number:

Are you, or anyone in your household , showing any of the following symptoms at the present time?

Cough -

Chills -

Shortness of breath or difficulty breathing -

Muscle Pain -

Sore Throat -

Fever -

New loss of taste or smell -

Has anyone had any of the following symptoms in the past 2 weeks?

Cough -

Chills -

Shortness of breath or difficulty breathing -

Muscle Pain -

Sore Throat -

Fever -

New loss of taste or smell -

Have you, or any family member, had any contact with a person diagnosed with COVID-19 in the past 2 weeks?

Have you traveled out of the area in the past 2 weeks?

Thank you for your consideration in this matter. God bless you and stay healthy!