



First Friday Mass - Health Screening Form

Date:

Attendee(s)/Family Name(s):

Circle Y or N if you or anyone in your family is experiencing any of the following symptoms.

Y – yes N – no

If you answer ‘yes’ to any of the following you are asked to refrain from attending the event.

	Parent 1	Parent 2	Student
Cough	Y N	Y N	Y N
Fever 100.4 or above	Y N	Y N	Y N
Shortness of breath or difficulty breathing	Y N	Y N	Y N
Chills	Y N	Y N	Y N
Muscle aches	Y N	Y N	Y N
Sore throat	Y N	Y N	Y N
New loss of taste or smell	Y N	Y N	Y N
Nausea	Y N	Y N	Y N
Vomiting	Y N	Y N	Y N
Diarrhea	Y N	Y N	Y N
Exposed to someone with COVID or with symptoms	Y N	Y N	Y N

Signature of person completing this form

Print Name

Signature

Forms are due at the time of check in and cannot be electronically submitted.