

COVID-19 SELF MONITORING CHECKLIST

With the ever-changing nature of COVID-19, there remains the possibility of exposure. Please remember, if you develop any of the symptoms below, **STAY HOME**. Please do **NOT** enter the building for your safety and the safety of others.

SYMPTOMS OF INFECTION

| | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| Fever of 100.4 or higher | _____ | _____ |
| Cough | _____ | _____ |
| Headache | _____ | _____ |
| Sore Throat | _____ | _____ |
| Shortness of Breath | _____ | _____ |
| Fatigue | _____ | _____ |
| Loss of taste or smell | _____ | _____ |
| Unexplained body aches | _____ | _____ |
| Had contact with anyone who has been diagnosed with or who may have symptoms associated with COVID-19. | _____ | _____ |

**If you answered Yes to any of the above, then it is not safe to enter the building -
Please do not come into the church.**