

## SCREENING QUESTION FOR IN-PERSON WORSHIP:

If you plan to worship with us, you must be able to answer EACH of the following questions with NO.

Do you have any combination of the following symptoms of COVID-19:

- A. Fever (feeling feverish or a documented temperature of 100.4 degrees Fahrenheit or higher).
- B. Respiratory symptoms such as a runny nose, nasal congestion, sore throat, cough or shortness of breath.
- C. Whole body symptoms such as muscle aches, chills, and severe fatigue.
- D. Changes in your sense of taste or smell

In the past 14 days have you been in close contact with someone who is suspected or confirmed to have had COVID-19? (Note: healthcare workers caring for COVID-19 patients and first responders that have been wearing appropriate personal protective equipment should answer “No” to this question)

Have you traveled in the past 14 days:

- A. Internationally
- B. Outside of New England (NH, VT, ME, MA CT, RI) ?