

PUMC Health Screening Form

Before leaving home to come to church, please complete the following screening questions. If you have any of the following symptoms, you could have an illness that you might spread to others. We ask you to stay home if you are not feeling well and enjoy our online service.

Name:

Address:

Phone number:

Have you been in contact within the last 14 days with someone with a confirmed diagnosis of COVID-19?

Yes No

Have you had a temperature of 100.4 or greater in the last 24 hours?

Yes No

Current temperature:

Have you experienced any of the following: Circle if Yes

Generalized body aches within the last 24 hours

Anosmia: Loss of sense of smell

Conjunctivitis: Inflammation of whites of eyes

Cough (if you have allergies/asthma, is your cough worse than baseline?)

Diarrhea

Shortness of Breath

Nausea

Vomiting

Sore throat

New onset severe headache, especially with fever

By signing below you are certifying you have self-screened and have answered NO to all of the questions above.

Signature

Date

