



## 2020-2021 COVID-19 Home Screen and Temperature Check Form

This form must be completed by every volunteer, staff member and student every day.

### PART 1 NAME AND DATE

Name \_\_\_\_\_ Date \_\_\_\_\_

### PART 2 HOME SCREEN

1. Have you been in close contact (within 6 feet for more than 15 minutes) with anyone confirmed with COVID-19 within the past two weeks? Y or N
2. Do you have a temperature of 100.4° F or greater? Y or N
3. Do you have two or more of the following COVID-19 symptoms that are not otherwise explained?

Cough	YES or NO	New Loss of Taste or Smell	YES or NO
Shortness of Breath or Difficulty Breathing	YES or NO	Headache	YES or NO
Chills	YES or NO	Congestion or Runny Nose	YES or NO
Muscle Aches or Fatigue	YES or NO	Nausea or Vomiting	YES or NO
Sore Throat	YES or NO	Diarrhea	YES or NO

Guardian Signature \_\_\_\_\_

**STAFF  
INITIALS**

### PART 3 ONSITE TEMP SCAN = \_\_\_\_\_



If the answer to any of the three questions above is "YES" or if your onsite temperature scan is 100.4° F or greater, you are not permitted to participate in church, camp or school ministries on that day. Please contact your teacher or ministry leader for a plan for resuming participation.

***On your way into your building, please present this completed form to your teacher or ministry leader. Thank you for your help as we strive to stay healthy and love one another!***



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