

FBCP – AWANA HEALTH SCREENING QUESTIONNAIRE FOR COVID-19

Screening Questions:

1. Have you experienced any symptoms of COVID-19, including a temperature of 100° or more in the past 14 days?
2. Have you had a positive COVID-19 test within the last 14 days?
3. Have you knowingly been in close contact with a confirmed or suspected case of COVID-19 within the past 14 days?
4. Have you traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days?

CIRCLE ONE:

NO to all questions

YES to anyone (or more) of the questions

Print Name: _____

Date: _____

FBCP – AWANA HEALTH SCREENING QUESTIONNAIRE FOR COVID-19

Screening Questions:

1. Have you experienced any symptoms of COVID-19, including a temperature of 100° or more in the past 14 days?
2. Have you had a positive COVID-19 test within the last 14 days?
3. Have you knowingly been in close contact with a confirmed or suspected case of COVID-19 within the past 14 days?
4. Have you traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days?

CIRCLE ONE:

NO to all questions

YES to anyone (or more) of the questions

Print Name: _____

Date: _____

No admittance without a mask!

No admittance without a mask!

No admittance without a mask!

No admittance without a mask!