**At Central Presbyterian Church of Summit your safety is our primary goal.**

As the outbreak of the coronavirus disease 2019 (COVID-19) continues to evolve and spread globally, Central Presbyterian Church is closely monitoring the situation and the recommendations provided by the Centers for Disease Control and Prevention (CDC). In an effort to prevent the spread of COVID-19 and reduce the risk of exposure to our employees, visitors and members, we are requesting that you complete this short screening questionnaire.

**Please complete a separate questionnaire for each family member attending**

Your participation is important to assist us in taking precautionary measures to protect you and others in this facility. Thank you.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Visitor Self-Declaration**: **If the answer to any one of questions 1 - 3 is “yes,” access to the event is denied.**

1. Within the past 14 days have you been advised to quarantine by a medical professional or public health official or returned from any international or inter-state travel that requires you to quarantine upon return? **No \_\_\_ Yes \_\_\_**
2. Within the past 14 days have you had close contact with or cared for someone who has been diagnosed with COVID-19 or suspected to have COVID-19? **No \_\_\_ Yes \_\_\_**
3. Within the past 72 hours have you experienced any of the following symptoms: fever (>100.4 F), persistent cough, sore throat, headache, chills, muscle pain, loss of sense of taste or smell or shortness of breath? **\_\_\_ Yes \_\_\_ No**

**If the answer to the following question and any of its stipulations is “no,” access to the facility and event is denied.**

1. Do you agree to: a) wear a face mask (for those age 2 and older); b) maintain social distance; and c) cooperate with contact tracing should the need arise?

**No \_\_\_\_Yes\_\_\_\_.**

Please use hand sanitizer.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_