

COVID 19 SCREENING QUESTIONNAIRE

The safety of our pilgrims and team members is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control and Prevention and our state and local health authorities. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to our pilgrims and team members, we are asking everyone to complete and submit this questionnaire at the start of the week-end.

The current recommendation is for masks to be worn inside and for social distancing; However, these are only recommendations and not requirements and we are allowing individuals to make the decisions for themselves. Each person's decisions will be respected. Hand sanitizer and masks are readily available. Handwashing is one of the most important steps we can take to prevent the spread of infection/illness. Wash hands for a minimum of 20 seconds.

It will take all of us working together to keep everyone safe. If you start to feel ill over the weekend, please let your cabin leader, table leader or the Medical Cha know immediately. We will ask you to isolate and participate by Zoom until we can make a better decision on your health status.

Please respond to each of the following questions truthfully and to the best of your ability. Your participation is important to help us protect you and our others.

Name: _____ Phone # _____

Please circle one: Pilgrim Team Member

1. Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms? (Circle all that apply)

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Sore throat
- New loss of taste or smell
- Chills
- Head or Muscle aches
- Nausea, diarrhea or vomiting

2. In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact? Yes No
3. In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19? Yes No
4. In the past 14 days, have you been on a commercial flight or traveled outside of the United States? Yes No
5. In the past 14 days, have you been in close proximity to anyone who has been on a commercial flight or traveled outside of the United States?
Yes No

The responses provided above are true and accurate to the best of my knowledge.

Signature: _____ Date: _____

The information collected on this form will be used to help us determine whether you may be infected with COVID-19. The information on this form will be maintained as confidential and shredded after the week-end. Any questions should be directed to the Medical Cha.