

Providence Presbyterian Church
COVID-19 Wellness Form

The following procedures for in-person worship have been established by the Session.
Our desire is to reduce potential exposure to the Coronavirus and keep people safe.
Thank you!

In the past 14 days have you or anyone in your household had a fever, cough, sore throat, shortness of breath, flu-like symptoms, gastrointestinal upset, or experienced a loss of taste or smell?

Have you or anyone in your household traveled out of the country to an area of high Coronavirus activity in the past 14 days?

Is your temperature 100.4 or higher today?

Have you been in close contact with or cared for someone diagnosed with Coronavirus in the past 14 days?

I/we attest that I/we did not answer “yes” to any of the above questions. Should I show symptoms and be tested for COVID-19 after attending worship today I will immediately notify the church.

Today's Date

Signature

Name Printed

Signature

Name Printed

Signature

Name Printed

Signature

Name Printed