

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!

- YES NO 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?
- YES NO Have you or anyone in your household traveled out of the country to an area of high Coronavirus activity in the past 14 days?
- YES NO Is your temperature 100.4 or higher today?
- YES NO 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