

## St. Mark's COVID-19 Self-Screening Form

In order to keep the community safe from COVID-19, St. Mark's requires a screening form/symptom check when arriving at the church campus. Please complete this short survey.

By selecting "none of the above" to question #1 below, you are reporting that you are not experiencing symptoms related to COVID-19. Similarly, by selecting "none of the above" to question #2 below, you are reporting that you have not recently tested positive, you have not been in close contact with someone who has tested positive, or you have not been in close contact with an individual/s who may test positive for COVID-19.

If you answered anything other than "none of the above" to the questions below or have reason to suspect that you have COVID-19 or have been in close contact with an individual with COVID-19, do not come on campus.

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

Telephone: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### 1. Do you have any COVID-19 symptoms today?

e.g., Fever, cough, runny nose, shortness of breath

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

### 2. In the past two weeks, have you...

<input type="checkbox"/>	Tested Positive for COVID-19
<input type="checkbox"/>	Cared for someone who is/was ill with a respiratory illness
<input type="checkbox"/>	Been in contact with someone who has tested positive for COVID-19
<input type="checkbox"/>	Been contacted by someone about possible exposure to COVID-19
<input type="checkbox"/>	Been asked to take a COVID-19 test
<input type="checkbox"/>	None of the above

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

**Area below this line for office staff only**

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Received and reviewed by: \_\_\_\_\_ Rev. Keith Yamamoto \_\_\_\_\_ Barbara Harris \_\_\_\_\_ Natalie Dunlap  
\_\_\_\_\_ Katherine Abdolhosseini \_\_\_\_\_ Other (please print name here: \_\_\_\_\_)