**St. Mark’s Episcopal Church – Self-screening Form For Visitors**

**Everyone who comes on St. Mark’s property must fill out the following form completely and sign it each day when coming into our buildings. If a group is coming, each person in the group must sign a separate form. This is a downloadable form which we ask everyone to download, print, and fill out completely before arriving on campus. Please bring the completed form with you when you come. If you leave and return to campus multiple times a day, please fill this form out each time you return. Thank you.**

Date: \_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle your answers below:

1. Have you had close physical contact with anyone diagnosed with COVID-19 within the last 14 days? (yes)(no)
2. Have you or any member of your household experienced fever, aches, trouble breathing, cough, runny nose, sore throat, flu-like symptoms, diarrhea or vomiting within the last 14 days? (yes)(no)
3. Have you or any member of your household experienced loss of taste or smell within the last 14 days? (yes)(no)
4. Have you traveled outside the US within the last 14 days? (yes)(no)
5. Have you who has tested positive for COVID-19 within the last 14 days? (yes)(no)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Received and reviewed by:*

*\_\_\_\_\_Rev. Keith Yamamoto \_\_\_\_\_Barbara Harris \_\_\_\_\_ Natalie Dunlap   
\_\_\_\_\_\_ Katherine Abdolhosseini \_\_\_\_\_\_   
 Other (please print name here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)*