

COVID-19 HEALTH SCREENING FORM

St. Timothy's Episcopal Church of Wilson is monitoring the COVID-19 situation closely and following the directives of state and public health officials in conjunction with the directives of the Diocese of NC. To keep the health and safety of our community, you must fill out this declaration of health. This information will remain private and confidential unless it is necessary to trace any COVID-19 cases. Your information will not be used for any other purposes.

FULL NAME: _____

PHONE NUMBER: (_____) _____

1. Have you or any members of your household come into close contact with a confirmed case of COVID-19?

_____ YES _____ NO

2. Have you or any members of your household traveled domestically to any hard hit areas in the United States?

_____ YES _____ NO

3. Have you traveled internationally in the last 14 days?

_____ YES _____ NO

4. Have you tested positive for COVID-19 within the last 30 days?

_____ YES _____ NO

NOTE: If you answered YES to any of the above questions we ask that you not attend any scheduled worship until you have quarantined for at least 14 days prior to the service date.

BY: _____ Date: _____

SIGNATURE