VISITOR HEALTH QUESTIONNAIRE

Name/Family Name: _____Date of Visit:_____

Phone:_____

Please print off, fill out, and bring with you to Bible study, Sunday service, or any FBC event. We will also have them available at the front door if you are not able to print.

Although we cannot guarantee a setting that is free of any risk, we want to make sure that our church has the healthiest environment possible. Prior to allowing any guest to attend a Bible study or Sunday service, guests must be screened with the following questions:

QUESTIONS:

1. Are you (or anyone represented above) currently experiencing any of the following symptoms that could be consistent with COVID-19:

Cough:	yes ___	no ____
Shortness of breath or difficulty breathing:	yes ___	no ____
Fever:	yes ___	no ____
Chills:	yes ___	no ____
Sore throat:	yes ___	no ____
Repeated shaking with chills:	yes ___	no ____
Muscle pain:	yes ___	no ____
Headache:	yes ___	no ____
New loss of taste or smell:	yes ___	no ____

2. Have you (or anyone represented above) had close contact with someone who has been diagnosed with COVID-19 in the past two weeks?

   yes ___ no ____

3. Have you (or anyone represented above) had close contact with someone who hasn't been formally diagnosed with COVID-19, but who has symptoms of COVID-19 and has been told by a health care provider to self-quarantine?

   yes ___ no ____

4. Have you (or anyone represented above) traveled outside of the United States within the last three weeks?

   yes____ no ____

If you answered "yes" to any of the questions above, you are not allowed to attend at this time. We recommend you see your physician.