Welcome to Faith Bible Church!

We are so glad you have joined us today. Please take a few minutes to fill out the following questionnaire. The information you provide is for church purposes only as we would like to get to know you better. Please let any of the ushers know if you have any questions.

Information:

Name/Family Name: _____ Date of Visit:_____

Address: _____

Email:_____ Phone:_____

Please fill out the health questionnaire below. 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.