

## COVID-19 Screening Questionnaire

*If you answer YES to any of these questions, you may not enter the cathedral or attend this event. Please go home and check with your doctor about your symptoms, or practice social distancing for two weeks from your travels or encounters.*

Do you have fever greater than 100.4° or have you experienced symptoms of COVID-19 in the past 14 days, including but not limited to fever or chills, cough, fatigue, difficulty breathing, muscle or body aches, headache, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea?	Yes	No
In the last 14 days, have you participated in any gathering outside your household in which social distancing and mask use were not observed by all involved?	Yes	No
Have you had any international travel or travel to any domestic virus hot spots in the last 14 days?	Yes	No
Have you had any contact with an individual with COVID-19 in the last 14 days?	Yes	No

Name (please print): \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_