Cornwall Presbyterian Church

COVID-19 Individual Screening

For In-Person Service

Please bring form with you to Service.

First Name : _____ Last Name: _____ Temp*: _____

Date: _____ Time: _____

In the past 14 days have you

Had a fever of 100.4 or greater	YES	NO
Had a sore throat	YES	NO
Had a cough	YES	NO
Felt an unusual illness	YES	NO
Tested positive for COVID 19	YES	NO
Been in close contact with a person who is a confirmed or suspected case of COVID 19?	YES	NO
Traveled to a state where NY requires quarantine?	YES	NO

If you answer Yes to any of the above questions, please do not enter the building.

*Your temperature will be taken at the church. If your temperature is 100.4 or greater, please do not enter the building.