REDROCKSCHURCH

COVID-19 Staff / Volunteer Health Symptom Screening

Campus Name: **Date:**

Screening Questions:

1. Do you currently or have you recently exhibited any of the following health symptoms?

Fever - Cough - Shortness of Breath - Difficulty Breathing - Chills - Muscle or body aches - Severe headache - New loss of taste or smell - Sore throat - Congestion or runny nose (not due to allergies) - Vomiting - Diarrhea

2. Have you been in contact with someone who has tested positive for COVID-19 or had COVID-19 symptoms in the past 14 days?

Name	Temperature Check	Signature

* After your event, you must take a picture of this sign-in sheet and email it to lori@redrockschurch.com. Please keep the paper copy for your ministry's records. Thank you so much!