

Contact Log

Bring this form with you and leave it in the basket with the usher before you take your place. Please print.

Name _____

Date _____

Telephone number _____

Email Address _____

Please circle your answers below. If you reply YES to any of the questions below, STAY HOME or RETURN HOME. You will need to contact your healthcare provider for assessment and testing.

Do you have a fever (temperature over 100.3 F) without having taken any fever reducing medication?
Yes No (We can take your temp, without any contact if you are unsure)

Loss of Smell or Taste? Yes No

Muscle Aches? Yes No

Sore Throat? Yes No

Cough? Yes No

Shortness of Breath? Yes No

Chills? Yes No

Have you experienced any gastrointestinal symptoms such as Nausea/vomiting, diarrhea, loss of appetite? Yes No

Have you, or anyone you have been in close contact with been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19? Yes No

Have you been asked to self-isolate or quarantine by medical professional or a local public health official? Yes No