

**Diocese of Owensboro
Record of Attendance & Health Check Tool**

All fields are required:

Name: _____ Phone: _____
 Address: _____
 Email: _____
 Date: _____ Title of Event/Meeting: _____

All participants must complete the following health risk assessment before entering.

In the past 24 hours, have you experienced:	Yes	No
Fever (felt feverish or temperature 100.4°F or greater)?		
New or worsening cough?		
Chills?		
Muscle pain or severe headache?		
New loss of taste or smell?		
Shortness of breath?		
Nausea, vomiting or diarrhea?		
To the best of your knowledge, in the past 14 days, have you been in close contact (within 6 feet for at least 15 minutes) with anyone that tested positive for COVID-19?		
In the past 14 days, have you traveled to a state with a 15% or higher positivity COVID-19 rate?		
If you answered yes to the above question, did you either self-quarantine for 14 days upon your return or self-quarantine for 5 days and then take a COVID-19 test?		

Anyone who answers “yes” to any of the questions listed above, except the last question, should not enter the gathering. That individual should contact their doctor or use telemedicine for further direction. *Parishes are required to keep this form on file for each participant for 30 days.*

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