

Screening Form and Attendance Log

Please list the names of each person attending today's service from your household:

_____	_____
_____	_____
_____	_____
_____	_____

Reservation Made for 9:00 Service 10:30 Service No Reservation

Has anyone listed above exhibited COVID-19 symptoms today or during the past week? Yes No

COVID-19 symptoms include: fever, chills, cough, shortness of breath, difficulty breathing, fatigue, headache, loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting, or diarrhea.

Does anyone listed above have a temperature of 100.4°F or above? Yes No

Does everyone listed have face covering to be worn throughout your time here today? Yes No

Will everyone listed above abide by [Northshore's health and safety plan](#) during you time here today?
 Yes No

Contact Name: _____ Date: _____

Phone: _____ Email: _____

Signature: _____

This form is meant as a convenience to expedite entry into a safe and healthy worship environment for all. Once collected, the forms will be bagged and stored for a month, only to be accessed should we need to create a separate and specific log for contact tracing. We will not share these forms with any person, agency, or government authority.