**St John United Church of Christ**

**Reading, Ohio**

**COVID-19 Screening checklist – for Members, Staff and Visitors**

The safety of our members, staff and visitors remains a high priority. As the COVID-19 pandemic continues to evolve and spread, we are monitoring the situation closely and will update our guidelines as recommended by national and local health organizations and as approved by Church Council. We are making every effort to keep our facilities clean and disinfected on a daily basis.

To prevent the spread of COVID-19 and reduce exposure to all, we are conducting a simple screening questionnaire and requiring the following as you enter the church building for any reason. Please -**No hand shaking, hugging or physical contact with another is permitted, and you must practice physical distancing of at least 6’ from others while on church property.**

A. You must be wearing a face mask, or one will be given to you if available**. \_\_\_\_\_√ if wearing!**

B. You must have your temperature checked and recorded. **\_\_\_\_\_\_\_\_\_\_\_oF**

C. You must use hand sanitizer during your stay at church, especially arriving and leaving, or

wash your hands regularly while here at church. **\_\_\_\_\_√ upon arrival**

D. Answer the following questions: (circle your answer)

1. Have you experienced any cold or flu-like symptoms in the last 14 days, including fever, cough,

headache, sore throat, difficulty breathing, shortness of breath ? Yes No

2. Have you been in close contact with or cared for someone diagnosed with COVID-19 within

the last 14 days? Yes No

**\*If your answer is “YES” to either of these questions, access to church will be denied.\***

Thank you so much for your cooperation and understanding. We pray that we will be getting back to

normal operations in the near future. Please pray that this happens soon and for the health of others.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_