FUMC MONTICELLO HEALTH SCREENING TOOL

Please complete **one form for each member of your family who will attend the church event**. Have the form, completed and signed, with you when you arrive at the church.

Today's Date:	Temperature on day of event:		
Last Name: F	First Name:		
Email Address:	_	PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU	
Have you experienced any of the hours? • fever or chills • cough • shortness of breath or control of the fatigue • muscle or body aches • headache • new loss of taste or smething • sore throat • congestion or runny nose • nausea or vomiting • diarrhea	ell	YES	NO
Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has symptoms consistent with COVID-19?		YES	NO
· · · · · · · · · · · · · · · · · · ·	g because you may have been exposed e worried that you may be sick with	YES	NO
Are you currently waiting on the	e results of a COVID-19 test?	YES	NO
Did you answer NO to ALL QUESTIONS? If so, YOU MAY ATTEND the church event. Please present this form to the greeter when you arrive. Thank you for helping us protect you and others during this time. Did you answer YES to ANY QUESTION? If so, YOU MAY NOT ATTEND church events at this time. Please see p. 2 for further instructions. Thank you for helping us protect you and others during this time.		YES	NO
		YES	NO

THE SCREENING YOU COMPLETED INDICATES THAT YOU MAY BE AT INCREASED RISK FOR COVID-19

IF YOU ARE NOT FEELING WELL, WE HOPE THAT YOU FEEL BETTER SOON!

Here are instructions for what to do next



If you are not already at home, please avoid contact with others and go straight home immediately.

2

Call your primary care provider or CDC's Occupational Health Clinic* for further instructions, including information about COVID-19 testing.

3

Contact your supervisor (if you are an employee) or your contracting company (if you are a contractor) to discuss options for telework and/or leave.

Before going to a healthcare facility, please call and let them know that you may have an increased risk for COVID-19.

In case of a life-threatening medical emergency, dial 911 immediately!

RETURNING TO THE WORKPLACE



If you have had symptoms consistent with COVID-19 or have tested positive for COVID-19, DO NOT physically return to work until you get a medical evaluation and are approved to return to a work setting by your medical provider or—if you are involved in a CDC response—a CDC occupational health clinician.* Please call your supervisor to discuss when to return to work. Read more about when it is safe to be around others at https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html.



If you have a chronic medical condition that causes COVID-19-like symptoms and you need to access a CDC facility within the next few days, please call CDC's Occupational Health Clinic at 404-639-3385 to determine whether you can safely be granted access to a CDC facility.



If you have been in close contact with someone with COVID-19 you should stay home and self-quarantine for 14 days before returning to work. Read more about when you should be in isolation or quarantine at https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html.



If you are currently isolating or quarantining because of concerns about COVID-19 OR you have a COVID-19 test pending, please contact your primary care provider or CDC's Occupational Health Clinic* for guidance on when you can return to work.

If you have additional questions about when you can return to work, please email OSSAM@cdc.gov. For information about COVID-19 and basic instructions to prevent the spread of disease, visit CDC's COVID-19 website at https://www.cdc.gov/covid19.

*If you are assigned to the COVID-19, Ebola, or Polio responses, or work in a lab, call CDC's Occupational Health Clinic at 404-639-3385 instead of your primary care provider for next steps. DO NOT physically go to a CDC Occupational Health Clinic location.

