

THE FIRST PRESBYTERIAN CHURCH OF NEW CANAAN, CT

ATTENTION: MANDATORY HEALTH, TRAVEL AND EXPOSURE FORM

(Complete 1 per household)

In the spirit of identifying risk and to keep all our church family safe, the First Presbyterian Church is screening for health, travel, and exposure risks for everyone visiting FPCNC. Thank you for answering the questions below completely and honestly. If your answers to any of the questions below place you at risk, we would respectfully ask you to not visit our campus until such time as you have been screened.

Your name(s): _____

Date and Time: _____

ARE YOU EXPERIENCING ANY OF THE FOLLOWING SYMPTOMS? Yes No

- | | | |
|-----------------|---------------------|------------------------------|
| Cough | Loss of taste/smell | Rash |
| Sneezing | Shortness of breath | Headache |
| Runny nose | Diarrhea | Nausea |
| Sore throat | Stomach cramps | Fever (greater than 100.4°F) |
| Red watery eyes | | |

CAN YOU ANSWER YES TO ANY OF THE FOLLOWING TRAVEL AND EXPOSURE QUESTIONS? Yes No

- Have you had close contact with a person diagnosed with Covid-19?
- Have you traveled recently via either domestic or international travel?
- Have you spent more than 24 hours within the last 14 days in any state listed on the Connecticut travel advisory?
(<https://portal.ct.gov/coronavirus/travel>)

Signature: _____

Temperature(s): _____ Date and Time Read: _____

Signature of person taking temperature: _____