

Daily Screening for Guests

Name _____

Please answer the following questions by circling YES or NO:

Symptoms: Do you currently have a sore throat, an uncontrolled cough, diarrhea, vomiting, abdominal pain, fatigue, headache, shortness of breath, or a loss of taste or smell? **YES** **NO**

Contact: Have you had close contact with a person with confirmed or suspected COVID-19 or traveled to an area of high COVID transmission? **YES** **NO**

Temperature _____

If you have a temperature higher than 100.4 degrees Fahrenheit or you answered **YES** to the questions in either category, we ask that you refrain from participating in person.

Should you develop symptoms of COVID between visits to Our Redeemer, please notify the church office immediately: (414) 258-4555.

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