CBE Congregation Beth Emeth
בית אמת

COVID-19 Screening Questionnaire

Have you had any of the following symptoms in the past 14 days?

	Yes	No
Cough	☐	☐
Sore throat	☐	☐
Fever or chills	☐	☐
Muscle aches or fatigue	☐	☐
Shortness of breath	☐	☐
Chest pain	☐	☐
GI symptoms (diarrhea, nausea, vomiting)	☐	☐
Headache	☐	☐
Loss of smell/taste	☐	☐

Have you had contact with anyone in the previous 14 days with confirmed *or* suspected Covid-19, or someone with fever or respiratory illness?

◯ Yes

◯ No

Have you travelled internationally, been on a cruise ship or river boat, or been to an area of the USA where Covid-19 is widespread in the past 14 days?

◯ Yes

◯ No

If all of the above are NO, you may enter the building with a mask on.

If any of the above answers are YES, you are not allowed to enter the building at this time. Please stay home, if sick symptoms seek medical attention and feel free to join us virtually.