

# St. Paul Missionary Baptist Church



## Pre-Screening Questionnaire

Please print and complete the following questionnaire. Once completed, please bring form with you.

DATE	PHONE#	NAME

Have you experienced any of the following symptoms in the past 24 hours?	PLEASE CHECK Yes or No (If yes, please explain.)	
Fever or chills	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Cough	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Shortness of Breath or Difficulty breathing	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Fatigue	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Muscle or Body Aches	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Headache	YES <input type="checkbox"/>	NO <input type="checkbox"/>
New loss of Taste or Smell	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Sore Throat	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Congestion or Runny Nose	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Nausea or Vomiting	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Diarrhea	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Within the past 14 days, have you been in close physical contact a person who is known to have laboratory- confirmed positive COVID-19?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently waiting on the results of a COVID-19 test?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**If you answered YES to the last three questions, do NOT go further in the building. If you answered YES to one or more symptoms and you have a temperature of 100.4 or higher, do not go further into the building.**

According to the Center for Disease Control (CDC), people with COVID-19 have a wide range of symptoms reported- ranging from mild symptoms to severe illness. Reported symptoms have included, most experience fever, cough, fatigue, anorexia, shortness of breath, and (myalgia) muscle pain, other symptom such as sore throat, nasal congestion, headache, diarrhea, nausea, and vomiting, have also been reported. Loss of smell (anosmia) or loss of taste (ageusia) preceding the onset of respiratory symptoms has also been reported. For more information please visit, [www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus)

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