

**New Covenant Lutheran Church  
Worship Service  
Health Screening Form**

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I am / We are not experiencing symptoms of COVID-19, (e.g. fever, cough, sore throat, shortness of breath, muscle pain, headache, chills, repeated shaking with chills, loss of taste or smell).

Agree

I / We have not tested positive for COVID-19, and I have not been in contact with person(s) within the past 14 days that either tested positive for COVID-19 or have the symptoms associated with COVID.

Agree

I / We have not traveled domestically or internationally within the past 14 days to an area where the transmission of COVID-19 is widespread.

Agree

I / We agree to assume all the risks of attendance and participation of services for myself and my family, and I/we waive any liability against the church and any other parties.

Agree

The following individuals will be attending:

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Main Contact Email Address:

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I am signing for the above attendees: \_\_\_\_\_

Date: \_\_\_\_\_