GALILEE
A CHURCH DETERMINED TO GROW FOR CHRIST
Rev. Dr. Lloyd T. McGriff, Senior Pastor

CDC Questionnaire

Name _____ **Date**_____

Email_____

Phone_____

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1. Are you currently experiencing symptoms of COVID-19 which include temperature of 100.4 or higher, frequent unexplained cough, tiredness, loss of smell and/or taste, shortness of breath or difficulty breathing, chills, nausea or vomiting, diarrhea?

Yes _____ No_____

2. In the past 14 days, have you tested positive for or been infected with COVID-19?

Yes_____ No_____

3. In the past 14 days, have you traveled outside of the District of Columbia/Maryland/Virginia (DMV) area to any state with a known surge in COVID cases (e.g., Florida, Texas, Georgia, Louisiana, Arizona, Alabama, South Carolina, Nebraska, or Idaho)?

Yes_____ No_____

4. In the past 14 days, have you traveled outside of the continental U.S. to another country?

Yes_____ No_____

5. In the past 14 days, have you been in close contact with any person showing symptoms of, has been diagnosed with, or is being screened or monitored for COVID-19?

Yes_____ No_____

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I acknowledge there is an increased risk that COVID-19 can be transmitted in any place of public accommodation, including worship service at GBC. I acknowledge that I am assuming such a risk and that I will follow GBC's mask requirements.

Please sign

Agree_____

Disagree_____

Email to: info@galileenow.tv