Covid-19 Contact Information Form Temperatures will be taken and recorded on this sheet by one of the sisters

Visitor's Name			
Address			
Phone E	mail		Temp
Covid-19 and respiratory illness	(per CDC	C guida	ed for temperature and symptoms of ance) before entering the building. please answer the following questions:
Do you have a:	Yes	No	Comments
· ·			
Fever (>100.0° F)			
New or worsening cough			
Shortness of breath			
Sore throat			
Chills or shaking/ chills			
Muscle pain			
Headache (new or unusual onse	<u>t).</u>		
New loss of taste or smell			
Vomiting			

*Note: Not all individuals present with the same symptoms. The above listed symptoms are per CDC.

Diarrhea

If a visitor answers **NO** to all the questions, the visitor will be directed to the Chapel for the funeral services.