

**SAINT JOHN'S EPISCOPAL CHURCH, GETTY SQUARE, YONKERS NY**

***QUESTIONNAIRE FOR ALL EMPLOYEES AND VISITORS TO ANSWER EVERY DAY***

**You are not allowed on the premises if you answer YES to any of these questions. Please note that even if you have had COVID-19, you can catch it again, and that it is still possible inadvertently or carelessly to expose yourselves and others to the virus. PLEASE CONSIDER THESE QUESTIONS CAREFULLY BEFORE YOUR LEAVE HOME. DO NOT COME IN IF YOU ANSWER YES TO ANY QUESTION.**

1. Are you currently experiencing a fever of 100 degrees Fahrenheit or greater, a new cough, new loss of taste or smell, or shortness of breath?
2. Have you experienced any of these symptoms within the past 10 days?
3. In the past 10 days, have you tested positive for COVID-19 using a test that tested saliva or used a nose or throat swab? (10 days from the date you were tested, not the date you received the result)
4. To the best of your knowledge, in the past 14 days, have you been in close contact (within 6 feet for at least 10 minutes) with anyone while they had COVID-19?
5. In the past 14 days, have you traveled internationally or to a state other than New Jersey, Connecticut, Pennsylvania, Massachusetts or Vermont? If you merely passed through the restricted state for less than 24 hours, you can answer no.

**PROTOCOLS FOR BEING ON THE PREMISES**

You must wear a mask at all times, sanitize your hands constantly, and wipe down any surface you touch with an antiseptic wipe.

If you have taken public transportation, please change your facemask upon entering the building, sanitize your hands carefully, wipe down any doorknob and surface you have touched on entering.

**I HAVE READ AND AGREE TO THESE REQUIREMENTS. I ACKNOWLEDGE THAT TODAY I HAVE NO SYMPTOMS AND HAVE NOT BEEN IN CONTACT WITH ANYONE WHO HAS COVID-19 IN THE PAST 14 DAYS.**

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Name \_\_\_\_\_ Date \_\_\_\_\_