

Monmouth Reform Temple
COVID-19 Screening Form

Name: _____

Cell Phone # (for contact tracing purposes): _____

In the past 14 days have you:

Please Read Each Question Carefully	Circle the answer that applies to you	
Traveled domestically or internationally (by airplane, train, bus)	YES	NO
Traveled on a cruise ship or crowded train/subway	YES	NO
Been in other settings where people were confined in an indoor space for more than 15 minutes, for example, a restaurant, bar, conference, or party	YES	NO
Been diagnosed with COVID-19	YES	NO
Been in quarantine or under suspicion of exposure to COVID-19	YES	NO
Had any of the following signs or symptoms: respiratory illness, fever, new onset cough or changes in a chronic cough, diarrhea, fatigue, chills, body aches, loss of smell or taste	YES	NO
Been in close physical contact with someone suspected or confirmed to have COVID-19 infection	YES	NO