

Covid-19 Screening/Tracing Slip

OUR LADY OF THE ASSUMPTION, LATHAM, NY

Date _____

First Name _____

Last Name _____

Email _____

Phone Number _____

Please list all members of your Family
receiving Eucharist:

Have you, or anyone listed above, traveled to countries outside the United States, visited New York City and/or Westchester County or been in close contact with anyone who has traveled to those areas within the last 14 days?

Yes No

Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?

Yes No

Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, shortness of breath or other respiratory problem)?

Yes No

***Parishioners answering yes to any of the above questions
will not be permitted to receive Holy Eucharist.***

By checking this box, I acknowledge, that this information is accurate and completed by me, person named above.

Yes