

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 in attendance:

Have you, or anyone listed above, traveled from any of the states or areas with significant community spread currently required to quarantine, 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

***Anyone answering yes to any of the above questions
is not permitted to attend.***