

International Bible Baptist Church  
**COVID-19 SCREENING QUESTIONNAIRE**

For the health and safety of our administration, staff, families and visitors, we respectfully request that after signing in to our church online RSVP that everyone complete this health screening questionnaire. Please print this form, sign and date and bring it with you to the Worship Service.

Please select all that you plan to attend this week:

\_\_\_/\_\_\_/\_\_\_ Wednesday Prayer Meeting

\_\_\_/\_\_\_/\_\_\_ Sunday Morning Service

\_\_\_/\_\_\_/\_\_\_ Sunday Evening Service

1. In the last 14 days, have you or anyone in your household traveled outside the United States where COVID-19 cases are very high?    \_\_\_ Yes    \_\_\_ No
  
2. In the last 14 days, have you been exposed to anyone with COVID-19?    \_\_\_ Yes    \_\_\_ No
  
3. In the last 14 days, have you been advised by healthcare professional to seek COVID-19 testing?  
   \_\_\_ Yes    \_\_\_ No
  
4. In the last 14 days, has a medical professional advised you to self-quarantine?    \_\_\_ Yes    \_\_\_ No
  
5. Are you currently experiencing, or have you recently experience of the following symptoms: fever of 100.4 or greater, cough, sore throat , shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle aches, headaches (not attributed to a chronic condition such as a migraine), new loss of taste or change in taste or smell, or any symptoms of illness?    \_\_\_ Yes    \_\_\_ No
  
6. With the last 14 days, have you had close contact with anyone who is currently sick with suspected or confirmed COVID-19?    \_\_\_ Yes    \_\_\_ No

If you answered YES to either of these above questions or any part of the questions, please make plans to be onsite at another time. IBBC will continue streaming services through Facebook or YouTube ([www.ibbcministries.com](http://www.ibbcministries.com)). If you answered NO to all these questions, we look forward to worshipping with you International Bible Baptist Church, San Leandro, CA.

7. Have you been vaccinated?    \_\_\_ Yes    \_\_\_ No

**DISCLAIMER:** COVID-19 is highly contagious and is known to spread mainly via person-to-person contact. By attending worship and/or group meetings at International Bible Baptist Church, you agree to abide by the procedures established by the church through MHSTF (Medical, Health & Safety Task Force) to protect attendees and staff, including wearing a mask & social distancing. You agree that you voluntarily assume the risk that you and/or your family may be exposed to or infected by COVID-19 at the church, and you waive any liability against the church and any other parties. You also acknowledge that for all future events/meetings that you attend, you will self-check the above questions & recommendations and follow the guidelines.

\_\_\_\_\_  
Full Name (print)

\_\_\_\_\_  
Signature

\_\_\_/\_\_\_/\_\_\_  
Date

Note: Parent or guardian's signature for children's forms