

Diocese of Owensboro Record of Attendance & Health Check Tool

All fields are required:

Name: _____ Phone: _____

Address: _____

Email: _____

Date: _____ Title of Event/Meeting: _____

All participants must complete the following health risk assessment before entering.

In the past 24 hours, have you experienced:	Yes	No
Fever (felt feverish or above 100.4° F)?		
New or worsening cough?		
Chills?		
Muscle Pain or severe headache?		
New loss of taste or smell?		
Shortness of breath?		
Nausea, vomiting or diarrhea?		
Has anyone in your immediate family recently tested positive to COVID-19?		
Have you been in direct contact with someone who has recently tested positive for COVID-19?		
Have you traveled to a state with a 15% or higher positivity COVID-19 rate?		
If you answered yes to the above question, did you either self-quarantine for 14 days upon your return or self-quarantine for 5 days and then take a COVID-19 test?		

Anyone who answers “yes” to any of the questions listed above, except the last question, should not enter the gathering. That individual should contact their doctor or use telemedicine and be tested for COVID-19 immediately.

Parishes are required to keep this form on file for each participant for 30 days.