

SELF-ASSESSMENT
COVID-19 Self-Checklist

Our Lady of Victory-Mission Our Lady of the Snow (OLV/OLS) - Mass attendance

Please review this COVID-19 self-checklist prior to coming to Mass at Our Lady of Victory-Mission Our Lady of the Snow Parish. Once printed, please complete it and bring it with you to Mass. **It will be collected as you enter the gathering area.**

Please circle your answers below. **If you reply YES to any of the questions below, STAY HOME.**

Do you have a fever (temperature over 100.3 F) without having taken any fever reducing medication? Yes No

Loss of Smell or Taste? Yes No

Muscle Aches? Yes No

Sore Throat? Yes No

Cough? Yes No

Shortness of Breath? Yes No

Chills? Yes No

Have you experienced any gastrointestinal symptoms such as Nausea/vomiting, diarrhea, loss of appetite? Yes No

Have you, or anyone you have been in close contact with been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19? Yes No

Have you been asked to self-isolate or quarantine by medical professional or a local public health official? Yes No

PLEASE PRINT, THANK YOU

Name: _____

Mass Time: _____

Date: _____

Phone Number: _____

E-Mail: _____