



Metropolitan New York Synod
Evangelical Lutheran Church in America
God's work. Our hands.

Screening Questions / Group Gathering

1. Are you currently experiencing any of the following:
 - Fever
 - Headache
 - Muscle pain / weakness
 - Diarrhea / vomiting / abdominal pain
 - Respiratory symptoms / shortness of breath
 - Rash / skin irritations

2. Have you been in contact with anyone diagnosed with or being monitored for COVID-19 in the last 30 days?

3. Have you traveled out of the country within the last 30 days?
Did you quarantine in New York for 14 days upon your return?

4. Have you traveled to or from a restricted state in the last 30 days? Did you quarantine in New York for 14 days upon your arrival in New York?