

**PERSON BEING VISITED  
COVID-19 SELF ASSESSMENT FORM**

**To be completed via telephone PRIOR to making pastoral visit**

*Please circle your answers below:*

-Have you or a member of your household returned from a quarantined state in the last 14 days?.....Yes No

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

- Any loss of smell or taste?..... Yes No

- Unexplained muscle aches or pains?..... Yes No

- Sore throat..... Yes No

- Unusual coughing..... Yes No

- Shortness of breath..... Yes No

- Chills..... Yes No

- Unexplained or sudden gastrointestinal symptoms or loss of appetite?..... Yes No

- Have you been in contact with someone diagnosed with COVID-19 in the last 14 days?..... Yes No

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

***If person to be visited answered YES to any of the questions, please NOTIFY A STAFF MEMBER***

***IMMEDIATELY and have the person contact their doctor. Do Not Make Pastoral Visit***

Print Persons Name: \_\_\_\_\_ Contact Phone#: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Signature of person making telephone call: \_\_\_\_\_