

#CareForSelf&Others #StopTheSpread

Self-Check Before Going To Faith Formation



4  to Go 1  to Stop



Symptoms?

TRUE or **FALSE**



I do **NOT** have **ANY** of the following unusual symptoms:

- Fever of 100.4+ or chills
- Shortness of breath or difficulty breathing
- New loss of taste or smell
- Muscle or body aches
- Congestion or runny nose
- Nausea or vomiting
- Cough • Sore throat
- Headache • Diarrhea

Covid-19 Contact?



TRUE or **FALSE**



I do **NOT** have to be in isolation or quarantine due to being Covid-19 positive myself or having close contact with someone who has Covid-19.

Consider your answer "True" if you are fully vaccinated and boosted against SARS-CoV-2.



Face Covering?

TRUE or **FALSE**



I will wear a face covering whenever inside a building with others.

Travel?



TRUE or **FALSE**



I have **NOT** traveled outside of the United States of America in the last seven days.

Consider your answer "True" if you are fully vaccinated against SARS-CoV-2.

IF ALL FOUR STATEMENTS ARE TRUE

you may participate in faith formation while minimizing the risk of exposing others to Covid-19.

