



# 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:

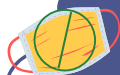
- Fever of 100.4+ or chills
- Shortness of breath or difficulty breathing
- New loss of taste or smell
- Muscle or body aches
- Congestion or runny nose
- Nausea or vomiting
- Cough
- Sore throat
- Headache
- Diarrhea

## 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 know that I may choose to wear a face covering during the program and it is ok that others may choose not to wear one.

## 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.

