CENTRAL BAPTIST CHURCH
OF CAMP SPRINGS MARYLAND

YOUR HEALTH and SAFETY are our TOP PRIORITIES
Please notify your primary care provider if you have any of the following symptoms. (check all that apply).

TEMP: _____

Name: _____
Date: _____
(Please Print)

Phone #: _____

☐ **Chills/Fever**	☐ **Cough**	☐ **Exposure to COVID-19**
☐ **Headache**	☐ **Sore Throat**	☐ **Repeated shaking with chills**
☐ **Muscle Pains**	☐ **Shortness of Breath**	☐ **New loss of taste/smell**

Note: I have reviewed and checked all applicable boxes

Signature:
_____

Face masks are required at ALL times

Thank you … Central Baptist Church of Camp Springs
Pastor Lincoln M. Burruss, Jr. and the entire church family!