



C|B|C|S

Central Baptist Church of Camp Springs

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 #: _____

- Known exposure to someone with COVID-19
- Fever or chills (100.4)
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

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.**