

COVID 19 SCREENING FORM

Bethel A.M.E Church
291 Park Avenue
Huntington, NY



Full Name *

First Name

Last Name

Phone Number *

Area Code

Phone Number

Do you have any of the following symptoms? *

- New and persistent cough
- Shortness of breath or any difficulty breathing
- Fever
- No Symptoms

Have you been in contact with anyone in the last 14 days who is experiencing these symptoms? *

- Yes
- No
- Not Sure

Have you traveled abroad in the last 1-2 months? Where did You go?

Date