## The Order of the Eastern Star of Connecticut



## **Chapter Meeting Health Self Check**

\*\*This document is to be retained by the Chapter for 60 days in case there is a need to contact trace.\*\*

**Chapter Address** 

**Date** 

**Chapter Name** 

<ul> <li>To be filled in by the Progra</li> <li>Fever or chills (temperature above 99.4°F)</li> <li>Cough</li> <li>Shortness of breath or difficulty breathing</li> <li>Fatigue</li> <li>Muscle or body aches</li> <li>Headache</li> <li>New loss of taste or smell</li> </ul>		<ul> <li>Administrator or alternate.</li> <li>Sore throat</li> <li>Congestion or runny nose</li> <li>Nausea or vomiting</li> <li>Diarrhea</li> <li>I have NOT been in contact with anyone infected with the COVID-19 virus in the last 14 days.</li> </ul>	
Printed Name	Telephone #		Initials of Program Administrator/alternate taking information
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## Use page 2 for additional Health Self Check sign ins The Order of the Eastern Star of Connecticut

## **Chapter Meeting Health Self Check**

Chapter Name	Chapter Address	Date
Printed Name	Telephone #	Initials of Person taking information