S I D T

Staten Island Deliverance Temple

COVID-19 HEALTH SCREENING FORM

If your answer is <u>YES</u> to any of the following questions, you will <u>not</u> be permitted to enter the building. Instead, please follow up with your primary health provider as soon as possible.

In the past 10 days have you knowingly been in close proximity to anyone who has tested positive for COVID-19 or who has had symptoms of COVID-19?
YES _____ NO _____

Have you experienced any symptoms of COVID-19 in the past 14 days such as but not limited to: strong headaches, shortness of breath or difficulty breathing, abdominal issues, new loss of taste or smell, fever or chills, sore throat, muscle or body aches?
YES _____ NO _____

In the past 10 days, have you been tested for COVID-19 for any reason?
YES _____ NO _____

Have you tested positive for COVID-19 in the past 10 days?
YES _____ NO _____

Have you traveled internationally within the past 14 days?
YES _____ NO _____

I certify that my responses are true and correct.

Signature: _____ Date: _____

Print Name:_____

Contact Number: _____

Email Address: _____

TICKET RESERVATION CONFIRMATION

Order Number

_____

Ordered By
(Reservation Name)

_____

OnSite Temperature

_____

TEMPORARY LOCATION: 199 VICTORY BOULEVARD, STATEN ISLAND, NY 10301
TELEPHONE: (646) 334-3962 EMAIL: SIDT-INC@HOTMAIL.COM

UPDATED JULY 2021