

FUUSB COVID SAFETY CHECKLIST

In support of our mission to care for each other and our community, we ask that you review this form on the day of your meeting.

Facilitators must collect participant contact information. For details see our Space Use Policies at uusociety.org/fuusb-space-use-policies or email mary@uusociety.org.

BEFORE ARRIVING ON-SITE AT FUUSB:

PLEASE TAKE THIS PRE-SCREENING HEALTH SURVEY. IF YOU ANSWER YES TO ANY OF THESE QUESTIONS, YOU MAY NOT ENTER FUUSB GROUNDS OR BUILDINGS.

In the past 14 days, have you had close contact with a person confirmed to have COVID-19? Yes___ No___

In the past 14 days, have you traveled out of state (other than for work)? Yes___ No___

In the past week have you experienced any of the following unexplained symptoms?

Fever (100.4°F or higher) or chills	Yes___	No___
Cough	Yes___	No___
Shortness of breath or difficulty breathing	Yes___	No___
Fatigue	Yes___	No___
Muscle or body aches	Yes___	No___
Headache	Yes___	No___
New loss of taste or smell	Yes___	No___
Sore throat	Yes___	No___
Congestion or runny nose	Yes___	No___
Nausea, vomiting, or diarrhea	Yes___	No___

WHILE MEETING AT FUUSB:

- Wear a cloth face mask over your nose and mouth when in the presence of others.
- Stay at least 6 feet away from others not in your household.
- Adhere to group size limits.

If you develop COVID symptoms or a COVID diagnosis within 14 days of being at FUUSB, outside or inside, please contact Christina Fulton (ext. 2200) or David McFeeters (ext. 2300) ASAP!

If requested by your group leader, please complete the following. Leaders may also collect contact information in another format; please see the [Space Use Policies](#) for details.

Name:_____

Date:_____

Phone number (in case we need to reach you):_____

Group name (if applicable):_____

First UU Society of Burlington - (802) 862-5630