

Attachment - A
LODGE MEMBER COVID-19 SCREENING QUESTIONNAIRE

The safety of our Lodge members is our priority. In order to prevent the spread of COVID-19 and reduce the potential risk of exposure, Lodge members must complete this questionnaire. Please do not enter the Lodge room until your responses have been reviewed and your entry has been approved. Please respond to each of the following questions truthfully and to the best of your ability.

Name / Phone Number: _____

1. Are you currently experiencing, or have you experienced in the past 5 days, any of the following symptoms? (Please take your temperature before you answer this question.)

- Yes No Fever (100.3° F or greater as measured by a thermometer)
Yes No Cough
Yes No Shortness of breath or difficulty breathing
Yes No Sore throat
Yes No New loss of taste or smell
Yes No Chills
Yes No Head or muscle aches
Yes No Nausea, diarrhea, vomiting

2. In the past 5 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?

Yes No

3. In the past 5 days, have you been in close proximity to anyone who has tested positive for COVID-19?

Yes No

4. Have you been tested for COVID-19 and are waiting to receive test results?

Yes No

NOTE: If you have tested positive for COVID-19 or have been presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms, please contact the Master of your Lodge when: (1) you have had no fever for at least 72 hours (3 full days), without the use of fever-reducing medications; (2) your other symptoms have improved; and at least 5 days have elapsed since your symptoms first appeared.

5. In the past 5 days, have you been on a commercial flight or traveled outside of the United States?

Yes No

Certification

I hereby certify that the responses provided above are true and accurate to the best of my knowledge and will comply with all phases of the Lodge re-opening plan. I understand that I shall be denied entry if any of the above questions are answered in the affirmative. I understand that attending a Masonic function may potentially expose me to COVID-19 as in any public setting.

Signature: _____ Date: _____