



Deer Park Seventh-day
Adventist Church

deerparksda.org

64 Tiber Ave, Deer Park, NY 11729

Phone Number: 631-392-4213

Date:

Church Pastor: Dr. Sednak Yankson

First Elder: Pr. Edwin M. Anthony

Dear Members and Friends,

Greetings to you in the wonderful name of Jesus, our Lord.

The Deer Park SDA Church is looking forward to reopening its door and beginning live worship service at its church again on October 16, 2021.

In anticipation of worshipping together again and opening safely, it is necessary to follow the established laws and guidelines of the NEC, CDC, and State and NYC.

Such as:

- Social Distancing
- Wearing of Masks
- Sanitizing hands frequently upon entering and reentering and leaving the church
- Maintain no cross mingling during and between services
- No contact take- out food

We are looking forward to worshipping our Savior together in the beauty of holiness. Your safety is one of our highest priorities. Your cooperation will be greatly appreciated. **MAY GOD'S RICHEST BLESSINGS BE YOURS.**

Sincerely,

Fay Anthony, Church Clerk



DEER PARK SEVENTH-DAY

ADVENTIST CHURCH

Ph: 631 392 4213

64 TIBER AVENUE

DEER PARK, NY 11729

MEMBER/VISITOR SELF-ASSESSMENT FORM

deerparksda.org

All members and visitors must complete a health check/screening before access can be granted to the church. Designee conducting health check will wear a facemask and gloves during the health checking screening. The member/visitor will have their temperature taken, and complete this form answering the following questions as recommended by CDC/NYS. If the member /visitor has a temperature greater than 100 °F. For answer YES to any of the questions below, they will not be granted access to the building (church). Any member/visitor restricted from building/church will be reported to the Pastor or Designee. The results of the Self-Assessment will be documented and kept in an appropriate Log.

Date of Visit: _____ Time: _____ am/pm

Name of Member/Visitor: _____ (Please Print)

Member/Visitor Contact# : _____ Location of Visit: _____

HEALTH SCREENING SELF-ASSESSMENT QUESTIONS:

1. In the last 14 days, have you visited any state subject to New York State’s 14–day quarantine requirement? Yes () No ()

2. Did you have a positive COVID-19 test or have you been in close contact with a person with confirmed or suspected COVID -19 in the past 14 days? Yes () No ()

3. Do you have any of the following symptoms today? (check all that apply for YES)

- () COUGH () CHILLS () NAUSEA, () VOMITING, OR DIARRHEA
 - () SORE THROAT () FEVER: TEMPERATURE 100F OR HIGHER () MUSCLE PAIN
 - () SHORTNESS OF BREATH () DIFFICULTY BREATHING
-

MEMBER/VISITOR ATTESTATION and AGREEMENT:

By signing below, I affirm all information is TRUE and CORRECT to the best of my knowledge.

I understand that if I answered YES to any of the above questions, I cannot attend the church today.

I further agree to abide by Deer Park SDA Church Policy, including adherence to the NO PHYSICAL CONTACT AND SOCIAL DISTANCING REQUIREMENTS.