

### Health Survey for Worship Attenders

1. In the last 14 days, have you received a confirmed diagnoses for coronavirus (COVID-19) by a coronavirus (COVID-19) test or from a diagnosis by a health care professional or are you waiting for a pending COVID-19 test result?

Yes

No

- a. In the last 14 days, have you: Traveled internationally (except commuting between work and home by a personal vehicle)?

Yes

No

2. Have you been exposed (which means being within 6 feet for 10 minutes or more without a face mask) to a confirmed diagnosed COVID-19 person?

Yes

No

3. Have you experienced any cold or flu like symptoms in the last 14 days including fever, cough, shortness of breath or difficulty breathing, sore throat, pressure in the chest, extreme fatigue, earache, persistent headache, diarrhea, vomiting, muscle pain, chills, and persistent loss of smell or taste?

Yes

No

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Attender's Signature

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Date