

COVID-19 QUESTIONNAIRE

The purpose of this form is to gather information to help promote the safety of all persons who may be involved in service at Redeemers House of Worship and to prevent the spread of COVID-19. The person signing this form hereby acknowledges and agrees that: 1) **the information on this form is being provided VOLUNTARILY** and is accurate 2) information provided will be kept confidential 3) they will notify us if they become symptomatic or test positive for COVID-19 within 48 hours of attending service.

**This form will be completed each week or each time you enter Redeemers House of Worship.*

SCREENING QUESTIONS

	Yes	NO
Have you been in contact with anyone who has tested positive for COVID-19 or who has had symptoms of COVID-19 in the past 14 days?		
Have you tested positive for COVID-19 in the past 14 days?		
Have you experienced fever, cough, sore throat, new loss of taste or smell, shortness of breath, body aches or other symptoms in the past 14 days?		
In the last 14 days, have you traveled to or from another state or country?		
Have you been in close proximity to someone who has been diagnosed or suspected of having COVID-19?		
Have you been vaccinated for COVID-19? (received first and/or second vaccine) (Optional)		

Name: _____ Date: _____

Primary Contact Phone Number: _____

Emergency Contact Name/Number: _____