HEALTH QUESTIONNAIRE

These questions are to screen for people who *could* transmit the virus causing COVID-19. The information will remain confidential and reviewed only by local clergy, the District Superintendent, the Bishop, the Chancellor or the Department of Health for possible contact tracing. **Please return completed form by email to your local clergy at least 4 days before you plan to attend the service. If you don't have email, call your clergy and provide the information below on the telephone.**

1. **TRAVEL**: Have you traveled away from your regular living area (many members live in neighboring states and commute into Virginia—that does not count as travel to another state) to another state or outside the country in the past 14 days? Please indicate.

   Yes No

   If yes, where did you go? _____

2. **SYMPTOMS**: Please check Yes or No as to whether you are now experiencing, or have experienced during the past **14 DAYS, ANY** of these symptoms:

   a. Fever, feeling hot, or feverish — Yes No
   b. Shortness of breath or difficulty breathing — Yes No
   c. Chills, or repeated shaking with chills — Yes No
   d. Cough — Yes No
   e. Flu-like symptoms, diarrhea, intestinal upset, or fatigue — Yes No
   f. Sore throat — Yes No
   g. Headache — Yes No
   h. Muscle pain — Yes No
   i. Recent loss of taste or smell — Yes No

3. **CONTACT**: Have you come in contact with someone experiencing symptoms of COVID-19 identified in #2 above **in the past 14 days**? Please indicate.

   Yes No

   If yes, please explain who you came in contact with, where you came in contact, and why you came in contact with this person. _____

4. **TESTING**:

   a. I tested positive for COVID-19. — Yes No
   b. I have or had symptoms of COVID-19 and I am waiting for results of COVID-19 testing. — Yes No
   c. If tested for COVID-19, I agree to provide the results of my test to my clergy, DS, and Bishop. — Yes No

5. **AFTER SERVICE HEALTH CHANGE**: If I develop 2 or more of the common symptoms of COVID-19 listed above after attending an In-Person service, I will immediately contact my local clergy and I will avoid contact with others and seek immediate medical attention.

   Yes No

Acknowledged and Agreed: [Print Name}_____ _____ ___, 2020

_____ Phone Number: _____ Email: _____
[Sign Name Here]