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 to your local clergy at least 4 days before you plan to attend the service by email. 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 been 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: Date:

_____ Phone Number: Email:

[Sign Name Here]