|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please complete this form which is required to attend the WSDA Sabbath Service for the purpose of contact tracing if needed.** | | | | | | |
|  |  | |  | |  | |
| **First and Last Name:** | |  | Click or tap here to enter text. | | | |
| **Phone Number:** | |  | Click or tap here to enter text. | | | |
| **Email address:** | |  | Click or tap here to enter text. | | | |
|  |  | |  | |  | |
| **Have you received a positive test for the virus that causes COVID-19 disease within the past 10 days?** | | | | |  | YES  NO |
|  |  | | |  |  | |
| **Are you or anyone who lives with you currently waiting on the results of a COVID-19 test due to symptoms of COVID-19?** | | | | |  | YES  NO |
|  |  | | |  |  | |
| **Have you been in close contact (being within 6 feet for a total of 15 minutes or more over a 24-hour period, or having direct exposure to respiratory secretions) with someone with suspected or confirmed COVID-19 in the past 14 days?** | | | | |  | YES  NO |
|  |  | | |  |  | |
| **Have you experienced any of the following symptoms in the past 24 hours? Select all that apply.** | | | | | | |
|  | Fever of 100.4 degrees or greater or chills? | | | | | |
|  | New shortness of breath that cannot be attributed to another health condition? | | | | | |
|  | New loss of taste or smell? | | | | | |
|  | Nausea or vomiting both attributed to another health condition? | | | | | |
|  | Diarrhea not attributed to another health condition? | | | | | |
|  | New cough that cannot be attributed to another health condition | | | | | |
|  | Fatigue | | | | | |
|  | New muscle aches (myalgia) that cannot be attributed to other health conditions or specific activity (such as physical exercise.) | | | | | |
|  | Headache not related to another condition | | | | | |
|  | A new sore throat that cannot be attributed to another health condition | | | | | |
|  | Congestion or runny nose not related to another condition | | | | | |
|  | None of the above | | | | | |