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| **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?** | [ ] [ ]  | YESNO |
|  |  |  |  |
| **Are you or anyone who lives with you currently waiting on the results of a COVID-19 test due to symptoms of COVID-19?** | [ ] [ ]  | YESNO |
|  |  |  |  |
| **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?** | [ ] [ ]  | YESNO |
|  |  |  |  |
| **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 |