<u>**HEALTH QUESTIONNAIRE**</u>

These questions are to screen for people who *could* transmit the virus causing COVID-19. Please review before coming onto St. Mark's campus. If you answer yes to any questions, please think carefully about whether you should gather with other people on St. Mark's campus.

1. **TRAVEL**: Have you traveled away from Arizona 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.	Fatigue	[ ] Yes	[ ] No
d.	Cough	[ ] Yes	[ ] No
e.	Sore throat	[ ] Yes	[ ] No
f.	Congestion or runny nose	[ ] Yes	[ ] No
g.	Headache	[ ] Yes	[ ] No
h.	Muscle or body aches	[ ] Yes	[ ] No
i.	Recent loss of taste or smell	[ ] Yes	[ ] No
j.	Nausea or vomiting	[ ] Yes	[ ] No
k.	Diarrhea	[ ] 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 am waiting for results of COVID-19 testing.	[ ] Yes	[ ] No
c.	If tested for COVID-19, I agree to provide the results of my tests to church administrators.	[ ] Yes	[ ] No

5. **AFTER-SERVICE HEALTH CHANGE**: I understand that if I develop 2 or more of the common symptoms of COVID-19 listed above, I will immediately contact church administrators in writing to update this form, I will ensure I avoid contact with others, and I will seek immediate medical attention.