

# HEALTH QUESTIONNAIRE

Welcome! We are glad you are here. In order to keep you and others safe and healthy, please read and respond to the health questions below. Please confirm with your group leader that you acknowledge the following items are true for you, and provide your name and contact number and email. All persons are required to keep physical distancing of 6 feet or more and to wear a face covering/mask.

**1.**

I have not had 2 or more of the following symptoms of COVID-19 in the past 14 days:

- Fever
- Shortness of breath or difficulty breathing
- Chills
- Persistent cough
- Flu-like symptoms
- Diarrhea or intestinal upset
- Fatigue
- Sore throat
- Headache
- Muscle pain
- Recent loss of taste or smell

**2.**

I have not been in contact with anyone experiencing symptoms of COVID-19 (listed in #1) in the past 14 days.

**3.**

I am not currently waiting for COVID-19 test results, and if I have previously tested positive for COVID-19, all symptoms have been completely resolved.

**4.**

I will immediately notify the group leader, if after attending this meeting/event, I develop two or more symptoms of COVID-19, and will avoid contact with others and will seek medical attention.