## Christadelphian Ecclesia at Stoughton - COVID-19 Survey

Please complete this survey if you would like to attend Memorial Service in Stoughton this week.

Also, if your heath permits and your answers allow you to attend, please email Bro Steve Davis (info@hopeinstoughton.org) so we know how many are planning to join us.

Each member of your family who is intending to join us in Stoughton needs to complete their own survey. The ecclesia does not need a copy of your survey...it is a self-exam.

## Your well-being:

- 1) Are you experiencing **any** of the following COVID-19 Symptoms or combination of symptoms:
  - a) Cough
  - b) Shortness of breath or difficulty breathing
- 2) Or at least two of these symptoms:
  - a) Fever (100.4 degrees)
  - b) Chills
  - c) Repeated shaking with chills
  - d) Muscle pain
  - e) Headache
  - f) Sore throat
  - g) New loss of taste or smell
- 3) Are you currently waiting for COVID-19 test results?
- 4) Have you tested positive for COVID-19?

## **COVID-19** exposure:

- 5) In the last 14 days, have you been exposed to anyone who has tested positive for COVID-19?
- 6) In the last 14 days, have you been exposed to anyone currently waiting for COVID-19 test results?
- 7) In the last 14 days, have you been exposed to anyone strongly suspect (someone who shows symptoms from questions 1 & 2) has COVID-19?
- 8) In the last 14 days, have you been to a hospital or another facility (e.g. a COVID-19 testing center) where COVID-19 patients were likely to be?
- 9) Is there another reason you think you may have been exposed and are carrying COVID-19 (even if you aren't showing symptoms)?

IF you have answered <u>YES</u> to <u>ANY</u> of these questions, please stay home from meeting this week and send us a note; we will keep you in our prayers and do what we can to help you.

IF you have answered <u>NO</u> to all of these questions, please contact Bro Steve Davis or Bro Rich Dineen before <u>NOON</u> on <u>Saturday</u> to reserve a seat at memorial service.