

# Covid-19 Screening Questions

1. Do you have any of the following symptoms?

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chilis
- Muscle pain
- Sore throat
- New loss of taste or smell

2. In the past two weeks have you had exposure to any diagnosed with COVID-19?

- ❖ For the sake of others, if you have any symptoms of Covid-19 please do not attend services!