

Please Answer All Questions Below

- 1. Have you been exposed to Covid 19 or anyone suspected of Covid 19?**
- 2. Do you currently have any signs of infection:**
 - a. Sore throat**
 - b. fever or chills**
 - c. cough**
 - d. loss of smell or taste**
 - e. difficulty breathing**
- 3. Have you traveled outside the State of PA in the last 14 days? (and not able to social distance)**
- 4. Do you live in a closed community that has experienced the spread of Covid 19? (ex: assisted living)**

If you have answered YES to any of these questions, we ask that you not enter today and instead participate online with Worship activities until the risk of infection is lower.