

COVID Sign-in Questionnaire For Liturgical Services

English

1. Has anyone in your household been in contact with anyone that has been diagnosed or is being monitored by the CDC for COVID-19 in the last 14 days?
2. Has anyone in your household traveled out of the country in the last 14 days?
3. Is anyone in your household currently experiencing any of the following symptoms?
 - a. Fever greater than 100.4F
 - b. Severe headache
 - c. Diarrhea-Vomiting-Abdominal Pain
 - d. Shortness of Breath or Coughing
4. Please confirm with a verbal “yes” that you have answered these questions, including this one, to the best of your knowledge at this time.

Ελληνικά

1. Έχετε επαφή με κάποιος που έχει COVID-19 τις περασμένες 14 ημέρες?
2. Έχετε ταξιδέψει εκτός από την χώρα τις περασμένες 14 ημέρες?
3. Έχετε αυτά τα συμπτώματα?
 - a. Πυρετό παραπάνω από 100.4F
 - b. Πονοκέφαλο
 - c. Διάρροια-Εμετός-Κοιλιακός Πόνος
 - d. Δύσπνοια - βήχας
4. Πείτε “ναι” να επιβεβαιώσετε ότι απαντήσατε τις ερωτήσεις αυτές αληθινά όσο καλύτερα γνωρίζετε