

**PLEASE DO NOT ATTEND OUR PUBLIC DAVENING  
(OR ANY OTHER COMMUNAL GATHERINGS) IF YOU RESPOND  
"YES" TO ANY OF THE 5 QUESTIONS BELOW**

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**YES NO**

1. Have you had fever\* in the last 72 hours?
2. Do you currently have any new COVID-19-like symptoms,\*\* or did symptoms first appear within the past 10 days?
3. Have you had close contact with someone who has COVID-19 in the past 14 days?
4. Have you traveled domestically or internationally from an affected area in the past 14 days?
5. Have you tested positive for COVID-19 in the past 10 days?
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**\*WHAT CONSTITUTES A FEVER?**

Fever is defined as "subjective fever" (feeling feverish) or a measured temperature of 100.4 degrees F (37.8 degrees C) or higher.

**\*\*WHAT ARE COVID-19-LIKE SYMPTOMS?**

At least **ONE** of the following symptoms:

- Cough
- Shortness of breath or difficulty breathing
- New loss of taste or smell

**OR**

At least **TWO** of the following minor/secondary symptoms:

- Chills
- fatigue
- Muscle or body aches
- Headache
- Sore throat
- congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Unexplained dizziness, delirium

