



Name of visitor: \_\_\_\_\_

Home Address: \_\_\_\_\_

Names of people living at that address: \_\_\_\_\_  
 \_\_\_\_\_

Cell: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

Date: \_\_\_\_\_

Time of Service: \_\_\_\_\_

Do you have sudden onset of any of the following symptoms?

| Symptom                               | Yes | No |
|---------------------------------------|-----|----|
| Fever/ Chills                         |     |    |
| Cough                                 |     |    |
| Sore throat                           |     |    |
| Shortness of breath                   |     |    |
| Loss of smell <b>OR</b> loss of taste |     |    |

| Symptom                    | Yes | No |
|----------------------------|-----|----|
| Redness of the eyes        |     |    |
| Body aches and pains       |     |    |
| Fatigue/ weakness          |     |    |
| Nausea/vomiting/ diarrhoea |     |    |
|                            |     |    |

**A. If you respond YES to one or more of the above symptoms:**

- Do not come to the church service.
- Monitor your symptoms and seek medical help if required.

**B. If you respond NO to all the above symptoms, then:**

1. Book to attend the service of your choice.
2. Print out this form and BRING IT WITH YOU TO CHURCH.
3. Also bring a mask and personal sanitiser.

I declare that this form is correctly filled out and valid for the date and service specified above.

Signature: \_\_\_\_\_