



SHIR CHADASH CONSERVATIVE CONGREGATION

COVID-19 Symptom Checklist

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1. Do you have any of the following symptoms:
 - Fever of 100° F or higher? Or chills?
 - Dry cough?
 - Shortness of breath or difficulty breathing?
 - Fatigue?
 - Muscle or body aches?
 - Sore Throat?
 - Congestion or runny nose?
 - Recent loss of taste or smell?
 - Nausea, vomiting, or diarrhea?
2. Have you tested positive for COVID-19 in the last 10 days?
3. Are you currently awaiting COVID-19 test results?
4. In the past 14 days, have you had close contact with someone with a positive COVID-19 diagnosis or who is experiencing symptoms of COVID-19?
5. Are you currently under instruction to self-isolate or quarantine due to possible exposure to COVID-19?



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