Musician Participation Form
Daily COVID-19 Questionnaire

First Name: _____

Last Name: _____

Date: _____

I certify that I will follow COVID-19CDC guidelines for social distancing, wearing masks, and hand hygiene.

☐ I AGREE

Have you had any signs or symptoms of a fever ***in the past 24 hours* such as chills, sweats, felt feverish or had a temperature that is elevated for you/ 100.4 or greater?

☐ YES
☐ NO

**Do you have any of the following symptoms?

Cough	☐ Yes	☐ No
Shortness of breath or chest tightness	☐ Yes	☐ No
Sore throat	☐ Yes	☐ No
Muscle weakness/body aches	☐ Yes	☐ No
Loss of taste or smell	☐ Yes	☐ No
Diarrhea	☐ Yes	☐ No
Nausea	☐ Yes	☐ No
Vomiting	☐ Yes	☐ No
Fever/Chills/Sweats	☐ Yes	☐ No

Have you traveled internationally or domestically outside of Connecticut (Alaska, Alabama, Arkansas, Arizona, California, Delaware, Florida, Georgia, Iowa, Idaho, Indiana, Kanas, Louisiana, Maryland, Missouri, Mississippi, Montana, North Carolina, North Dakota, Nebraska, New Mexico, Nevada, Ohio, Oklahoma, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin) ***in the last 14 days?*

☐ YES
☐ NO

Have you had any close contact ***in the last 14 days* with someone with a diagnosis or under investigation of COVID-19?

☐ YES
☐ NO

I certify that all answers are true and correct to the best of my knowledge

☐ I AGREE

****If you have answered YES to any of the questions above, unfortunately you will not be allowed to participate in today's liturgies. Please contact your Doctor.***