

**CHURCH OF THE REDEEMER BAPTIST INC**  
**COVID Reporting Incident Questionnaire**

Name of Exposed Individual \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip Code \_\_\_\_\_

Contact Number \_\_\_\_\_

Date Church Notified \_\_\_\_\_

Individual Reporting the Incident \_\_\_\_\_ Contact Number \_\_\_\_\_

Date the individual was last in the Church or Education Building \_\_\_\_\_

Please complete the following questions:

1. Are you experiencing any symptoms of COVID-19? Cough, shortness of breath or difficulty breathing or at least two of these symptoms: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat new loss of taste or smell? \_\_\_\_\_  
Explain \_\_\_\_\_
  
2. Within the last 14 days, have you been in close physical contact with a person you know to have laboratory-confirmed COVID-19? \_\_\_\_\_
  - a. If yes, when were they tested? \_\_\_\_\_
  
3. Within the last 14 days, have you participated in a function that may have exposed you to the virus? \_\_\_\_\_
  - a. If yes, approximately how many people were in attendance? \_\_\_\_\_
  
4. Have you seen or spoke to a medical practitioner regarding your symptoms? \_\_\_\_\_
  - a. If yes, have you received instructions from medical professional to self-observe, self-isolate, or self-quarantine? \_\_\_\_\_
  - b. If no, are you choosing to self-quarantine due to possible exposure until you an seek medical assistance? \_\_\_\_\_

5. Were you directed by a medical professional to be tested? \_\_\_\_\_
- a. Were you tested? \_\_\_\_\_
  - b. If yes, when? \_\_\_\_\_
  - c. If not, will you be? \_\_\_\_\_
  - d. When are results expected? \_\_\_\_\_

6. Common Areas Visted, please check all that apply:

- a. Sanctuary \_\_\_\_\_
- b. Information Room \_\_\_\_\_
- c. Lunchroom \_\_\_\_\_
- d. Fellowship Hall \_\_\_\_\_
- e. Kitchen \_\_\_\_\_
- f. Trustee's Office \_\_\_\_\_
- g. Restroom \_\_\_\_\_ Specify which Restroom & the Location \_\_\_\_\_
- h. Deacons Office \_\_\_\_\_
- i. Education Building \_\_\_\_\_
- j. Lobby \_\_\_\_\_
- k. Business Office \_\_\_\_\_
- l. Receptionist Office \_\_\_\_\_
- m. Elevator \_\_\_\_\_
- n. Banquet Hall \_\_\_\_\_
- o. Restrooms \_\_\_\_\_ Specify which Restroom & Location \_\_\_\_\_
- p. Classroom \_\_\_\_\_ Specify Room Number \_\_\_\_\_
- q. Daycare \_\_\_\_\_
- r. Other, Please Specify \_\_\_\_\_