

King's Chapel COVID-19 Questionnaire

Reason for questionnaire:

In light of Government Guidelines surrounding the safe return to places of worship, we would like each member and attendee to complete this questionnaire to aid us in collating information regarding the measures and protocols that may need to be implemented as well as to what you will be willing to adhere. Please complete this questionnaire and return by email to admin@kingschapelashford.uk at your earliest convenience, prior to attending. **PS: every person intending to return/worship with us in the building MUST complete this form.** With thanks.

NB: if you are completing this form for a minor or someone else, kindly provide their details, but sign your name at the end of the form.

Signed, Pastor Dr. Claudette King.

Kindly provide your name and indicate your age group.

Name: _____

Age Group: 1-12 13-19 20-59 60-79 80+

Do you consider yourself in the 'At Risk Group'? (At risk group are those with underlying health issues, which makes them more susceptible to the virus, as well as those over 60)

No Yes

Have you received a shielding letter to self-isolate during the Pandemic?

No Yes

Considering going back into the building for worship, would you be opposed to:

- | | |
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| Washing your hands before entering the hall? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Wearing a mask throughout the duration of the service? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Wearing a face shield if necessary or if asked to do so? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Signing a register of attendance each time? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Availing your details for contact tracing, should this become necessary? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Sitting among your family/household only to allow for safe gathering? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Adhere to any other guidelines which are vital for the safety of all? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Staying away, should you contract any flu-like symptoms? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Having photographs taken to show seating arrangement? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Frequent use of hand sanitizers or the wearing of gloves? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Cleaning your chair(s) before and after use? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| If you are ill on arrival, to be asked to return home and self-isolate? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Sitting 2 meters apart, adhering to social-distancing guidelines? | <input type="checkbox"/> No <input type="checkbox"/> Yes |

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Please state how many in your family or from your household is likely to be in attendance.

1 2 3 4 5 6 7 8+

Please state number _____

Have you or any members of your household contracted the COVID-19 virus?

No Yes

If yes, how long ago was the infection?

Are you or any of your household still contagious or A-Symptomatic?

No Yes (Still Contagious / A-Symptomatic)

Please circle as appropriate

Please note, it is our hope to recommence meeting on a Sunday in the school hall shortly, however, we do advise that if you are:

1. In the 'at risk group'
2. Over the age of 60
3. Currently self-isolating due to receiving a shielding letter from the Government
4. Have a flu or any flu-like symptoms
5. Currently infected or living with someone who is infected, whether you are exhibiting symptoms or not

That you do stay home and connect with us via zoom. We aim to make the safety and well-being of all our parishioners, visitors and members alike, our highest priority. Whilst we would love for everyone to return to fellowshiping together in the building, it is needful that we ensure the safety of all involved.

Please sign and return:

Name (please print) _____ (name of person detailed on the form)

(Whoever completes the form, signs below)

I, (please print name) _____ do hereby confirm that this document has been completed honestly and to the best of my knowledge.

Signature: _____

Please return the completed form to admin@kingschapelashford.uk

God bless you richly

Pastor, Dr. Claudette King