



Constantiakruin Andrew Murray Congregation Covid-19 Questionnaire

Congregation member | Visitor | Contractor
STATEMENT

If you could not fill it out at home, it will be available on campus.

Staff will take your fever and hand in the form at the office.

Date: _____

Time: _____

Name: _____

Cell Number: _____

Temperature: _____

I hereby declare that:

1. I have read and understand the Covid-19's notice and disclaimer. I accept all the risk that could possibly happen on site during my visit. I will voluntarily have my temperature taken and any necessary Covid-19 precaution before I make my visit.
2. I hereby understand that I must obey all the rules regarding Covid-19 and if I don't my visit will be revoked.
3. I experience none, and I have not shown any fever or cold symptoms in the last 14 days.
4. To the best of my knowledge, I have not been in contact with anyone who has tested positive for Covid-19
5. I am visiting the premises for the following reason: - please circle. the correct answer -
 - 5.1 Employee
 - 5.2 Meeting on the premises
 - 5.3 Delivery | collection of goods
 - 5.4 Repair work on site
 - 5.5 Worship Service | Bible Study | Consolation Service Attendance
 - 5.6 Class attendance | support groups



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