

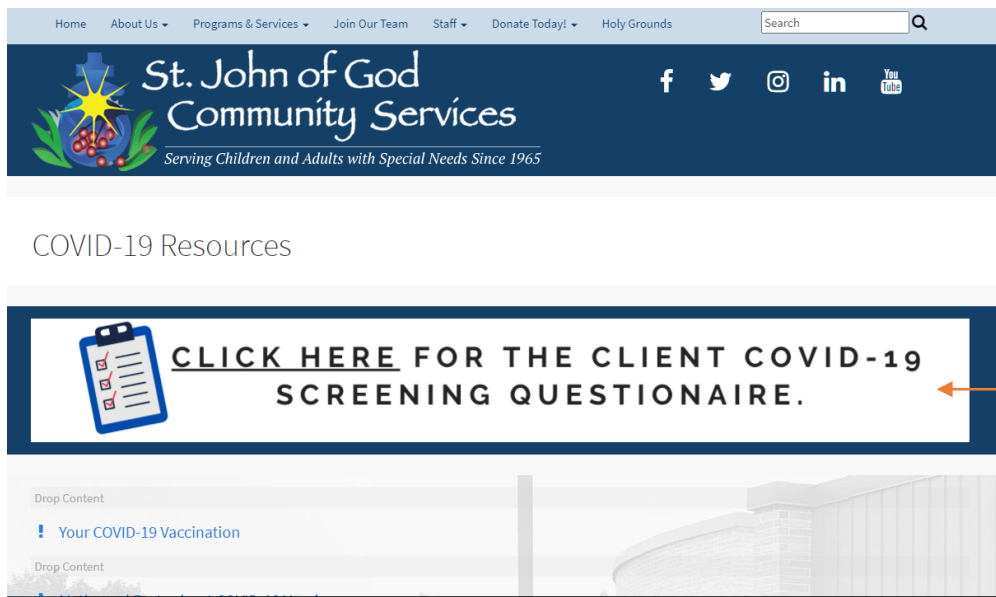
How to fill out online COVID-19 Survey form

Go to www.sjogcs.org from any web enabled device

At the top of our home page, click on the link to the COVID-19 Resources – Click or Tap where is says “CLICK HERE FOR THE LATEST UPDATES”



Click on the Link at the top of the Coronavirus Page to access the Online Questionnaire:



Please complete all the answers to the questionnaire honestly, you should be able to answer NO to all questions, if you answer YES you should stay home and contact the program for further instruction.

Once you have answered the questions, you must enter your name then click the Submit button.



St. John of God - Client Covid-19 Screening Questionnaire

* Required

Please answer the below questions honestly! Do not come to program if you answer YES!

You must answer "NO" to all questions in this questionnaire in order to enter our agency vehicles or physical locations. If you answer "YES" to any of the questions, please do not come in and contact the program to notify them of your absence.

1. Have you had any of the following symptoms in the last 24 hours? *

	Yes	No
Fever of 100.4 degrees or higher	<input type="radio"/>	<input checked="" type="radio"/>
Chills	<input type="radio"/>	<input type="radio"/>
Cough	<input type="radio"/>	<input type="radio"/>
Shortness of breath or difficulty breathing	<input type="radio"/>	<input type="radio"/>
Fatigue	<input type="radio"/>	<input type="radio"/>
Muscle or body aches	<input type="radio"/>	<input type="radio"/>
Headache	<input type="radio"/>	<input type="radio"/>
New loss of taste and/ or smell	<input type="radio"/>	<input type="radio"/>
Sore throat	<input type="radio"/>	<input type="radio"/>
Congestion or runny nose	<input type="radio"/>	<input type="radio"/>
Sneezing	<input type="radio"/>	<input type="radio"/>
Vomiting	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input type="radio"/>	<input type="radio"/>

2. In the last 14 days have you... *

	Yes	No
Been in contact with someone who is diagnosed with Covid-19	<input type="radio"/>	<input type="radio"/>
Been in close contact with someone who has had Covid-19 symptoms	<input type="radio"/>	<input type="radio"/>

3. By entering my name below and submitting this form electronically to St. John of God Community Services; I certify, to the best of my knowledge, that this information is accurate. *

Never give out your password. [Report Abuse](#)

**Note: If you have answered YES to a question on this questionnaire, and email will be sent to the Program letting them know that you have not passed the screening and should not come to program that day, however you should still contact your program to get further instruction on returning.