



Rhode Island Hindu Temple Society

एकं सत् , विधाः बहुधा वर्दति - There is One Truth, The Sages Call It By Different Names - Rig Veda

PRE-POOJA SERVICE AGREEMENT

During this coronavirus crisis, RIHTS is taking all precautionary measures for the benefit of devotees and employees. RIHTS devotees are requested to fill in this mandatory form and submit one day before the pooja service. Any changes to devotee's health condition from the time this form signed to pooja service time should report to RIHTS immediately to take appropriate action. Devotees must be willing to wear a mask and maintain social distance while the priest performs pooja service in home & pooja vicinity.

Symptoms	*Pooja Service Requestor 1		*Pooja Service Requestor 2		*Pooja Attendees	
Are you feeling unwell with any of the following symptoms?						
Fever, Cough, Difficulty breathing, Runny nose, diarrhea	Yes	No	Yes	No	Yes	No
Recent Travel & Recent Contacts						
Have you traveled outside of the United States	Yes	No	Yes	No	Yes	No
If the answer to the previous question is Yes, Where?						
Does someone you are in close contact with have COVID-19? (household member or other)	Yes	No	Yes	No	Yes	No
Are you in close contact with a person who is sick with respiratory symptoms (for example: fever, cough, difficulty breathing)	Yes	No	Yes	No	Yes	No

***Note:** Pooja Service Requestor 1 & 2 – Participates in pooja & Other attendees.

Requestor Name(s):

Address:

Phone # & Email:

Service Requestor 1 Signature: _____ Date: _____

Service Requestor 2 Signature: _____ Date: _____