

NORTHWEST MINISTRY NETWORK ANNUAL CONFERENCE

DAILY HEALTH SCREENING FORM

In an effort to reduce the risk of COVID-19 exposure and spread to attendees of the Northwest Ministry Network Annual Conference, all attendees must (1) have their temperature tested prior to entry on a daily basis and (2) complete the following daily screening questions before entry into the Annual Conference.

Attendees who pass the temperature check and answer all screening questions below with a “No” response, will be admitted to the Northwest Ministry Network Annual conference. All attendees must wear a wrist band indicating they have passed the required temperature check and screening form. The wrist band color will change each day.

Name: _____

Date: _____ Time: _____

Please circle your response:

1. In the last 10 days, have you had a fever over 99.9 degrees?
Yes No
2. Have you had close contact with or been around anyone who has experienced cold or flu like symptoms or has been diagnosed with COVID in the last 14 days?
Yes No
3. Are you experiencing any shortness of breath, coughing, or difficulty breathing?
Yes No
4. Are you experiencing any flu-like symptoms like upset stomach, fatigue, or headache?
Yes No
5. Are you experiencing now, or within the last week, any new loss of taste or smell?
Yes No
6. Have you received a confirmed diagnosis of COVID-19 or tested positive for COVID-19 in the last 14 days?
Yes No
7. Have you been asked to self-quarantine by a medical professional or public health official in the last 14 days?
Yes No