

COTRB Ministry Member Covid-19 Assessment

This questionnaire must be completed and received within 24 hours by any ministry member planning to attend an in-person meeting or outing. To help keep our participants safe during the current health crisis, we will be collecting Covid-19 wellness data based on CDC guidelines. (Subject to change)

Name: _____ Date: _____

Email: _____

Has the Ministry Member had a fever above 100.4 degrees in the past 72 hours? *

- Yes
- No

Has the Ministry Member been in contact with anyone who has been diagnosed with Covid-19 in the past 10 days? *

- Yes
- No

Has the Ministry Member had any of the following symptoms: chills and sweating, new or worsening cough, sore throat, shortness of breath, chest pain or pressure, aching throughout the body, vomiting or diarrhea, other lower respiratory symptoms, or aches and pains that are new or unusual? *

- Yes
- No

Has the Ministry Member traveled out of the country in the past 10 days? If so, it is mandatory that you obtain a negative test result (no more than three days prior to your return) to reconvene normal troop activities. If you are not vaccinated, you will also need to quarantine for seven full days. *

- Yes
- No

Has the Ministry Member attended any large gatherings (i.e. weddings, baby showers, birthday parties, etc...) in the past 7 days? *

- Yes
- No

The Ministry Member will wear a mask all times during the meeting *

- Yes
- No

Is there any information that would be helpful assessing and/or eliminating potential risks? *
