

PRESCREENING QUESTIONNAIRE:
(ADAPTED FROM CDC SCREENING FORMS)

Have you experienced any of the following symptoms during the 14 days prior to your arrival to workshop?
(CIRCLE ALL THAT APPLY)

Fever or chills
Cough
Sore throat
Diarrhea

Shortness of breath or difficulty breathing
Muscle or body aches
Congestion or runny nose

Fatigue
New loss of taste or smell
Nausea or vomiting

During the 14 days prior to your arrival to workshop, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with:

Anyone who is known to have a laboratory-confirmed COVID-19 test?

YES

NO

Anyone who has any symptoms consistent with COVID-19?

YES

NO

During the 14 days prior to your arrival to workshop have you or any member of your family been isolating or quarantining because you may have been exposed to a person with COVID-19?

YES

NO

All Workshop attendees are asked to use this Prescreening Questionnaire to monitor their health prior to arrival. If a Workshop attendee answers "YES" to any of the prescreening questions, they should notify the Workshop Registrar prior to arrival. The Workshop leadership reserves the right to decline attendance to any Workshop registrant that does not meet the prescreening requirements.

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