HEALTH ACKNOWLEDGEMENT FORM

This form was created by the Virginia Conference UMC Healthy Church Team to be used by churches to screen for people who *could* transmit the virus causing COVID-19. While in stage two and three this form must be completed for congregants to attend in-person worship. The information will remain confidential and reviewed only by local clergy, the District Superintendent, the Bishop, the Chancellor or the Department of Health for possible contact tracing. Bring this form to worship with you on June 21, 2020. If you answer yes to any of the questions below call Pastor Jessie to review this form at least four days before worship at 540-717-2411.

1.	TRAVEL : Have you traveled away from your regular living area (many members live in neighboring states and commute into Virginia—that does not count as travel to another state) to another state or outside the country in the past 14 days? Please indicate.				
		.,	[] Yes	[] No	
	If yes, where did you go	9?			
2.	SYMPTOMS : Please check Yes or No as to whether you are now experiencing, or have experienced during the past 14 DAYS , ANY of these symptoms:				
				f 1Ma	
			[] Yes		
		reath or difficulty breathing	[] Yes [] Yes	[] No	
		ated shaking with chills	[] Yes	[] No	
	d. Cough		[] Yes	[] No	
	e. Flu-like symptoms, diarrhea,			f 337	
	intestinal upset, or fatigue		[] Yes	[] No	
	f. Sore throat		[] Yes		
	g. Headache		[] Yes	[] No	
	h. Muscle pain		[] Yes [] Yes	[] No	
	i. Recent loss of taste or smell		[] Yes	[] No	
		no you came in contact with, where y			me in contact
4.	TESTING:				
	a. I tested positive for COVID-19.		[] Yes	[] No	
		ymptoms of COVID-19 and	[] 100	[]1.0	
	I am waiting for results of COVID-19 testing. c. If tested for COVID-19, I agree to provide the		[] Yes	[] No	
	results of my test to my clergy, DS, and Bishop.		[] Yes	[] No	
5.	AFTER SERVICE HEALTH CHANGE : If I develop 2 or more of the common symptoms of COVID-19 listed above after attending an In-Person service, I will immediately contact my local clergy and I will avoic contact with others and seek immediate medical attention.				
			[] Yes	[] No	
Acknowledged and Agreed:		[Print Name]			, 2020
		Phone Number:	Em	ail:	
[Sign	Name Here]				