



SELF – Health Screening Assessment

For the safety of all concerned, please be aware of the regulations set forth by the Governor of the State of Michigan which requires you to wear a mask during these meetings and in all public corridors.

Name:

Date:

Meeting attended:

General Questions

NO YES

Have you traveled out of the country/another state within the past 14 days?

Have you been diagnosed with the COVID-19 virus?

Are you experiencing any of these symptoms?

NO YES

Do you have a fever (over 100 degrees) or shortness of breath?

Do you have a cough?

Do you have a sore throat?

Do you have chills?

Do you have muscle pain?

Do you have unusual fatigue?

Do you have a headache?

Do you have a new loss of taste or smell?

Do you have any nausea or vomiting?

Have you been in contact with anyone with a confirmed diagnosis of COVID-19 in the last 14 days?

If you answered NO to all the questions above, we welcome you to attend the meeting.

Please maintain social distancing of at least 6 feet, wash hands frequently, minimize contact with your face, eyes, mouth, and wear facial covering.

Thank you for your cooperation and for assisting us with the protection and health of all concerned.