

Western North Carolina Conference
WMS Winter Institute
January 21, 2023

Mount Zion AME Church
5124 NC Highway 86 North ~Hillsborough, North Carolina

COVID-19 SCREENING QUESTIONNAIRE

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email: _____

Contact Person: _____ Phone: _____

****FOR HEALTH TEAM USE ONLY****

Temperature: _____ **Temp of 100.4° or higher → isolation**

Health Team Member Initials: _____

	Yes	No
1. Have you been vaccinated against COVID-19?		
2. Do you have any symptoms of COVID-19? Fever or chills/ Cough/ Fatigue/ Shortness of breath or difficulty breathing/ Muscle or body aches/ Headache/ Recent loss of taste or smell/ Sore throat/ Congestion/ Nausea or vomiting/ Diarrhea		
3. In the last 14 days have you been exposed to anyone who tested positive for COVID-19		
4. Have you had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results of a COVID-19 test?		

*If your temp is 100.4 or higher and/or you answer is "YES" to Questions 2, 3, or 4, you will not be permitted to enter. We appreciate your cooperation in ensuring the safety for everyone.