

SAMPLE HEALTH SCREENING

PARTICIPANT NAME _____ DATE _____

ACTIVITY PARTICIPANT VOLUNTEER VISITOR CHILD (under 18)

ACTIVITY OR PERSON/AREA VISITING _____

We are committed to providing a safe and healthy ministry for all volunteers, children, participants, and visitors. Please fully complete this form upon arrival.

Carefully consider how you have been feeling. If completing this form for a child, indicate Yes or No on behalf of the child. **In the past 14 days**, have you had any of these symptoms?

	Yes	No		Yes	No
Cough or shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	New loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	Unexplained fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Fever of 100.4° or higher	<input type="checkbox"/>	<input type="checkbox"/>	Vomiting or nausea	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Muscle or body aches	<input type="checkbox"/>	<input type="checkbox"/>			

Carefully read each question. **In the past 14 days:**

	Yes	No
Have you tested positive for an infectious disease or a virus?	<input type="checkbox"/>	<input type="checkbox"/>
Are you waiting on a test result for an infectious disease or a virus?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in close proximity for 15 minutes or more to anyone who tested positive for, or has symptoms consistent with, an infectious disease or virus?	<input type="checkbox"/>	<input type="checkbox"/>

Answering Yes to any question may mean you (or your minor child) will not be permitted to enter onto the property of [organization name] and/or to engage in the activity named above. You (or your minor child) may be advised to return when feeling well or required to obtain a medical evaluation and/or approval from a medical provider before being granted access to the premises or being permitted to participate in [organization name's] activities.

I certify that I have answered all questions honestly.

PARTICIPANT NAME _____ PHONE _____

NAME OF PARENT/GUARDIAN (if participant is a minor) _____

PARTICIPANT OR PARENT/GUARDIAN SIGNATURE _____

PARTICIPANT'S TEMPERATURE TODAY _____ TIME _____ DATE _____

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REQUIRED CORONAVIRUS SUPPLEMENTAL RELEASE

Note: Use this form in conjunction with your organization's standard Activity Participation Agreement form.

Coronaviruses, like COVID-19, SARS, and the common cold, are a large family of viruses that can cause mild to severe upper or lower respiratory infections. Coronaviruses are contagious and believed to be spread by person-to-person contact.¹ As a preventative measure, *[organization name]* follows and recommends safety practices from federal, state, and/or local authorities designed to reduce the spread of coronaviruses.

[organization name] cannot guarantee that I (or my minor child) will not be exposed to, become infected with, or suffer injury from a coronavirus or other communicable/infectious disease or sickness while on the premises, while traveling to any organizational activity, or while engaged in any organization-related activity.

By signing this agreement, I acknowledge the contagious nature of coronaviruses and other communicable/infectious diseases and sicknesses. I voluntarily assume the risk that I (or my minor child) may be exposed to, infected by, or suffer injury from a coronavirus or other communicable/infectious disease or sickness while at the organization, while being transported in connection with the organization, or while participating in organization-related activity. I further acknowledge that such exposure or infection may result in bodily injury, personal injury, emotional injury, illness, permanent disability and/or death, as well as medical expenses and other costs for myself (or my minor child).

I understand that the risk of becoming exposed to, infected by, or injured from a coronavirus or other communicable/infectious diseases or sicknesses at *[organization name]* may result from the acts, errors, omissions, or negligence of myself and others, including, but not limited to, *[organization name]* leaders, employees, volunteers, and other participants. I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury, illness, or death to myself (or my minor child).

On behalf of myself (or my minor child), I hereby release and promise to indemnify, defend, and hold harmless *[organization name]*, its employees, leaders, owners, agents, and representatives, of and from any claim of any kind. A claim includes all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to the exposure to, contraction of, or injury from a coronavirus or other communicable/infectious disease or sickness.

PARTICIPANT NAME _____ DATE _____

NAME OF PARENT/GUARDIAN (if participant is a minor) _____

PARTICIPANT OR PARENT/GUARDIAN SIGNATURE _____

NAME OF PARENT/GUARDIAN (if participant is a minor) _____

PARTICIPANT OR PARENT/GUARDIAN SIGNATURE _____

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¹"Coronaviruses." *National Foundation for Infectious Diseases*, updated August 2020. <https://www.nfid.org/infectious-diseases/coronaviruses>.