

MMG COVID-19 Screening Assessment

Please attend only if you answer “No” to the following questions and have had a negative antigen test on the day of the retreat.

Bring this completed Covid-19 Screening form to the MMG registration table at the Barton Center.

Name:	Contact Number:
1.	<p>Have you experienced any of the following symptoms in the past 48 hours? (Check all that apply)</p> <p><input type="checkbox"/> Fever (100.4°F or greater)</p> <p><input type="checkbox"/> Chills</p> <p><input type="checkbox"/> Unexpected or new cough</p> <p><input type="checkbox"/> Shortness of breath or difficulty breathing</p> <p><input type="checkbox"/> New onset loss of taste or smell</p> <p><input type="checkbox"/> Muscle or body pain/aches</p> <p><input type="checkbox"/> Sore throat</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.	<p>Have you had a positive COVID-19 test result or COVID-19 infection within the last 5 days?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3.	<p>I have performed an antigen test today and the result is: (please check relevant test result).</p> <p>Negative <input type="checkbox"/> Positive <input type="checkbox"/></p>

I understand that my COVID health status details need to be presented at the MMG registration table at The Barton Center.

Signature: _____ Date: _____