

Mission Trip Health Form

On the day of departure, all trip participants must sign and date this form. This form may not be turned in early. By signing this form you are stating the following:

1. I have not exhibited any symptoms related to COVID-19 (fever, chills, shortness of breath, cough, loss of taste or smell, muscle or body aches, congestion or runny nose, sore throat, fatigue, headache) in the last 24 hours.
2. I have not had any person-to-person contact with someone who has exhibited COVID-19 symptoms in the last 14 days.
3. I have not tested positive for COVID-19 or had any person-to-person contact with someone who has been diagnosed with COVID-19 in the last 14 days.
4. I have no reason to believe that I am at high risk for carrying COVID-19 symptoms.

Signature: _____

Date: _____