



**COVID-19 SCREENING & CONSENT FORM**

**Program:** COPING WITH LIFE ALONE (CWLA)

**Date:** Saturday November 14, 2020

**Location:** Notre Dame Retreat House; Canandaigua, NY

**Please mark any of the following that you have experienced in the last 14 days.**

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fever, chills, or sweating.              |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Temperature of 38.0°C/100.4°F or higher. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Difficulty breathing.                    |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | New or worsening cough.                  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sore throat.                             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | New or recent loss of taste or smell.    |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Nausea, vomiting, or diarrhea.           |

**Have you tested positive for COVID-19 in the last 14 days?**  Yes  No

**Have you had close contact with anyone who experienced any of the above symptoms within the last 14 days?**  Yes  No

**Have you had close contact with anyone who tested positive for COVID-19 within the last 14 days?**  Yes  No

**Temperature:** \_\_\_\_\_ *(to be taken upon arrival)*

I consent to being here for this in-person program offered by the Beginning Experience of Rochester team.

I will follow the guidelines / mandates of Notre Dame Retreat House in Canandaigua NY (venue), the local municipality, and / or the Centers for Disease Control and Prevention (CDC), and comply with all verbal and / or written instructions provided to me by Beginning Experience of Rochester team members or Notre Dame Retreat House in Canandaigua NY (venue) staff.

For the safety and well-being of everyone participating in today's event, Beginning Experience of Rochester requires you to:

- Wear a face covering / mask / shield.
- Practice physical distancing.
- Promptly comply with any verbal and / or written instructions related to public health, safety, and the COVID-19 threat.

Beginning Experience of Rochester reserves the right to ask anyone to leave the event if a "YES" response is given to any of the COVID-19 screening questions.

I understand that if I refuse to comply with the above guidelines / mandates / requests that I will be asked to leave.

I agree to notify Kim Roberts (specific person's name), at (585) 987-1750 (phone number) or email: [beofrochester@gmail.com](mailto:beofrochester@gmail.com) if I subsequently develop any symptoms listed above within the next 14 days.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

If you have any questions, please contact the person listed above.

The Beginning Experience® ministry thanks you for your cooperation.