

ODC Network Community Program Health Screening

There is an inherent risk to attending programs during a pandemic. The ODC Network is working to provide as safe of an environment as possible by providing hand washing/sanitizing materials, encouraging physical distancing during programs, and having staff wear face coverings when they are in close proximity to program participants.

In an effort to minimize the spread of illness we will require you to fill out this form when you come to the program. If you answer yes to any of these questions we may not allow you to attend the program. Please feel free to contact us if you have any questions about the form. You can call us at 616-393-9453. Please practice physical distancing to the best of your ability during the program. Wear a face covering while indoors.

We strictly follow HIPAA policy and will not share or disclose information publicly. In the case of a COVID-19 exposure during an ODC Network program, the Health Department will become involved and they too would follow strict medical privacy laws.

* Required

1. Your First and Last Name *

2. Email address *

3. Phone Number *

4. Attendee's name (if different than your own)

In the last 14 days has the attendee:

5. Had close contact with someone who has had any symptoms of COVID-19? *

Mark only one oval.

- Yes *Skip to question 6*
- No *Skip to question 7*

COVID-19 Contact Information

6. Please describe the circumstances of close contact. Please contact us immediately to discuss whether you should attend the program or not.

In the last 14 days has the attendee:

7. Traveled via airplane domestically or internationally? *

Mark only one oval.

- Yes *Skip to question 8*
- No *Skip to question 9*

Travel Information

8. What date did the attendee return to Michigan and where were they traveling from? Please contact us immediately to discuss whether you should attend the program or not.

Symptom Information:

9. Please indicate if the attendee has experienced any of the following symptoms in the past 14 days (leave the box blank if they have not) If any high temperatures or symptoms are present, please do not attend the program. If you feel these symptoms are related to another pre-existing condition please do not check the box.

Check all that apply.

- Body temperature above 100 degrees
- New or Worsening Cough
- Shortness of Breath
- Sore Throat
- Loss of Smell or Taste
- Vomiting

10. If you affirm that you have answered to the best of your knowledge all of these questions and the attendee is feeling healthy, please check I affirm

Check all that apply.

- I affirm

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