***Pre-Trip Health Screening Document***

We appreciate you taking the extra diligence to sign this pre-trip health screening document 72 hours before departure. We view this as the first way you are beginning to care for and serve your team, our sites, and your host community. Our intent is that your trip is safe for everyone involved.

Please read carefully and sign within 72-hours prior to departure:

* I have not been diagnosed with COVID-19 in the last 10 days.
* I have not experienced any of the following symptoms in the past 10 days (excluding pre-existing conditions).
  + Temperature of 38 C/100.4 F or higher
  + Cough/sore throat
  + Shortness of breath/difficulty breathing
  + Chills
  + Muscle pain
  + Recent loss of taste or smell
* I have not had contact with anyone who has tested positive for COVID-19 in the last 10 days
* I agree to follow all local guidelines and safety protocols put in place by the host site leadership including, but not limited to, the following: wearing of face covering, health screening protocols, ministry specific precautions, or any other protocols put in place at the host site.
* I have been vaccinated for COVID-19
  + Check:
    - Yes
    - No (attached is signed waiver form)
* I acknowledge that guidelines may differ due to vaccination status or other factors, and I will adhere to the directives determined by Envision.

Participant Name: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team/Church Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ministry Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_