

# ADDENDUM D



**First United Methodist Church**  
**Land O Lakes**  
6209 Land O Lakes Blvd., Land O Lakes, FL 34638  
Email: office@lolumc.org Tel: (813)996-3533

## COVID-19 – PARTICIPANT MEDICAL QUESTIONNAIRE

This participant disclosure questionnaire seeks information that we must consider before allowing anyone to enter the church facility.

A weak or compromised immune system (including, but not limited to, conditions like diabetes, asthma, COPD, cancer treatment, radiation, chemotherapy, and any prior or current disease or medical condition), can put the individual at a greater risk for contracting COVID-19. So, we need those using the church facility to disclose any condition that compromises their immune system and understand when they might not be allowed to attend church facility activities. A new form is required each time a participant uses the facility.

It is also important that those wishing to participate in activities in or on the church facility to provide any indication of having been exposed to COVID-19, or whether they have experienced any signs or symptoms associated with the COVID-19 virus.

MEDICAL QUESTIONS	Yes	No
Have you experienced any of the following symptom in the past 48 hours:  - fever or chills; cough; shortness of breath or difficulty breathing; fatigue, muscle, or body aches;  - headache; loss of taste or smell, sore throat; congestion or runny nose; nausea, vomiting or diarrhea?	<input type="radio"/>	<input type="radio"/>
Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is know to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?	<input type="radio"/>	<input type="radio"/>
Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?	<input type="radio"/>	<input type="radio"/>
Are you currently waiting on the results of a COVID-19 test?	<input type="radio"/>	<input type="radio"/>

**If you develop COVID-19 symptoms within 14 days after attending an event, please notify our church office (813-996-3533) so we can notify others that may have been exposed to the virus as well.**

The participant fully understands and acknowledges the above information and have disclosed to First United Methodist Church – Land O Lakes any current conditions which may affect their ability to participate in facility activities.

By signing this document, I acknowledge that the answers I have provided are true and accurate.

\_\_\_\_\_  
*List (Print) All Same Household Family Members Attending*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Cell Phone*

\_\_\_\_\_  
*Email Address*

*A new form is required by the Participant to attend any scheduled worship, ministry, or external group event on our church property. For families attending Sunday worship as a family unit, only one form is required so long as the response to the questions are the same.*