



North American Association of Christians in Social Work

PO Box 121, Botsford, CT 06404

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NACSW Conference Participant Screening Form

Name: _____

Best phone number to contact: _____

Please circle your response to each of the questions below;

Yes No Have you had a fever (>100°) within the last 14 days?

Yes No Have you had forceful dry or productive cough within the last 14 days?

Yes No Have you had difficulty breathing or shortness of breath within the last 14 days?

Yes No Have you had chills or repeated shaking with chill within the last 14 days?

Yes No Have you had new unexplained muscle pain within the last 14 days?

Yes No Have you had atypical headache within the last 14 days?

Yes No Have you had nausea, vomiting or diarrhea within the last 14 days?

Yes No Have you had a sore throat within the last 14 days?

Yes No Have you had a recent sudden loss of taste or smell?

Yes No Have you had contact with a person with a confirmed or suspected case of COVID-19? (Contact is defined as less than 6 feet of separation for more than 15 minutes without adequate personal protective equipment.)

If you answer “yes” to any of the symptoms listed above, you will not be permitted to attend the event. Please quarantine at home and contact your health care provider for direction.

If you answer “no” to all of the above, you are permitted to attend the event.

_____ I agree to wear a mask and practice social distancing in public spaces throughout the conference.

Signature: _____ Date: _____