



Self-Screening Covid-19 Questionnaire

If you or someone you are regularly close to has any of these health issues: chronic lung disease, asthma, heart disease, etc., you may be putting yourself or that person at greater risk by participating in a WWWC Weekend or event. We will ask all women on a WWWC Weekend or event to take all necessary precautions for your safety and the safety of others, including adhering to any social distancing and sanitary precautions that are put in place. Currently, masks are recommended, but each woman can decide for herself. This is subject to change if the state/county or the CDC mandate masks, then they will need to be worn throughout the Weekend. As always, we encourage you to do whatever you need to do to feel most comfortable but know that you may get sick with Covid-19. By signing up to attend a weekend or event, you knowingly accept the risks and agree to hold WWWC and its Staff and volunteers harmless in case of infection or other liability. Please ask yourself the following questions before signing up for a WWWC Weekend or event:

1. Ask your family if they agree with you attending a large group gathering...especially ask your spouse if they agree.
2. Do you or someone in your home have Asthma or chronic lung disease?
3. Do you or someone in your home have a heart condition, including high blood pressure?
4. Are you or someone in your home either currently in, or recovering from cancer treatments?
5. Do you or someone in your home have immune deficiencies?
6. Do you or someone in your home have Diabetes?
7. Do you or someone in your home have liver or kidney disease?
8. Do you or someone in your home have Covid-19?
9. Do you have any other health conditions that put you or someone in your home at risk?
10. Does your age put you at risk to Covid-19?
11. Lastly, pray and ask Jesus what He wants you to do.
12. If Jesus, your family, and you agree that you may attend a WWWC weekend or event, then sign up.

Please sign and date confirming you completed the self-screening:

_____ (name) _____ (date)

(This form will be sent to every woman who wants to attend a WWWC weekend or event.)