



As you prepare to enter a new community on a Next Step mission trip, we want to ensure we are loving and caring for those we are serving alongside. With that, we are asking you to track your symptoms for seven days leading up to the day you leave for your Next Step trip. Some people we work with are more at risk than others and we want to ensure we are loving like Jesus would love and not bringing harm into the communities we are serving alongside.

If you answer “yes” on any of the days, we would ask you to get a COVID test before coming on your trip. If this test is positive, we would ask you to not come on your Next Step mission trip to ensure we are keeping community members and other trip participants safe.

Primary Symptoms:

- Cough
- Shortness of breath
- Difficulty breathing

Secondary Symptoms:

- Fever
- Chills
- New loss of taste or smell
- Muscle pain
- Vomiting or diarrhea
- Fatigue
- Sore throat
- Headache
- Nasal/sinus congestion or runny nose

	Seven Days before leaving for trip	Six Days before leaving for trip	Five Days before leaving for trip	Four Days before leaving for trip	Three Days before leaving for trip	Two Days before leaving for trip	One Day before leaving for trip
	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Have you experienced any primary symptoms of COVID-19 today?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you experienced two or more secondary symptoms of COVID-19 today?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please note symptoms here:							