



## Lions Clubs of Michigan

My fellow Lions,

SD10 and MD11, Lions International

Meeting safe and the safety of all our Lions members and guests is all of our responsibility. From the State Office to the District Governors all the way down to the club level. To help us all I'd like to provide you with this safety meeting outline. Where ever you might gather these guidelines could save many should the COVID virus come calling. This can be applied to indoor meetings as well as outside meetings. This outline was designed by PID Jenny Ware and I feel it is very well done.

1. Outside have simple entry area set up. All Lions are asked to use the front door for a single point of entry.
2. Masks are to be worn upon entry where they will sign in and provide a contact number.
3. Masks are to be worn upon entry and at all times during the meeting if able. Masks will be provided if needed.
  - a. For those that are not able to wear masks due to medical conditions, you will not be asked about your health. We honor your privacy.
4. COVID screenings will be completed at the door. Please fill out the screening with either your own pen or a sanitized pen will be available.
  - a. These forms will be placed into an envelope and sealed for protection of confidentiality. The envelope will be given to the Cabinet Secretary.
5. Your temperature will be taken with a Touchless Thermometer. If your temperature is 100.4 or greater, you will be asked to leave the building and contact your doctor's office for further direction.
6. Physical distancing of 6 feet will be expected. Seating will be arranged to reflect this standard.
7. If food and beverages are being served, contact your local Health Department for guidelines to be followed.

Our State of Michigan Governor has established Regions within our state. The guidelines may differ depending on where you are located. Be sure to research the criteria for your Region, especially right before the event as guidelines can change quickly. For instance here in southwest Michigan, Region 3, we are limited to an indoor meeting of 10 people or less and outdoors of 100 people, with all meetings practicing the things we have outlined and the need to follow social distancing.

Should you have any questions, please do not hesitate to contact Council Chair Jeff Mayuiers 269.254.1936.

Thanks and stay safe!

Council Chair Jeff Mayuiers

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# COVID-19 Screening Tool

7/24/20

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

1. Do you have any **new or unexplained** of the following potential signs/symptoms of illness? Check all that apply:

- |                                       |                        |
|---------------------------------------|------------------------|
| a. Fever _____                        | f. Chills _____        |
| b. Cough _____                        | g. Muscle Pain _____   |
| c. Sore Throat _____                  | h. Loss of taste _____ |
| d. Shortness of Breath _____          | i. Loss of smell _____ |
| e. Repeated shaking with chills _____ |                        |

*If yes to any of the above please leave the building after completing this form and signing.*

2. Temperature: \_\_\_\_\_

*If temp is 100.4 or higher, please leave the building after completing this form and signing and call your primary medical doctor's office.*

3. Have you had close contact with a laboratory-confirmed COVID-19 person in the last 14 days?

\_\_\_\_\_ Yes If Yes, When: \_\_\_\_\_ OR \_\_\_\_\_ No

*If yes, please leave the building after completing this form and signing and continue to quarantine.*

4. Have you been tested for COVID-19 in the last 14 days?

a. Voluntary Tested, asymptomatic:

\_\_\_\_\_ Yes When: \_\_\_\_\_ Results: \_\_\_\_\_ OR \_\_\_\_\_ No

b. Testing through order of your doctor or local Health Department for possible contact with COVID positive person:

\_\_\_\_\_ Yes When: \_\_\_\_\_ Results: \_\_\_\_\_ OR \_\_\_\_\_ No

*For b. only: If yes and the results are pending or positive, please leave the building and continue to quarantine.*

**I have answered these questions truthfully. If I become ill while in the building with any of the above symptoms, I will leave the facility.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date