

**Atascadero United Methodist Church
Dexter Hall Meeting Report Form**

Date: _____

Meeting Requester: _____

Group/Purpose of meeting _____

Date & Time _____

Host or Hostess:	Temperature	Health Screening Completed
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_____	_____	<input type="checkbox"/>
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Attendees:

_____	_____	<input type="checkbox"/>
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_____	_____	<input type="checkbox"/>
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_____	_____	<input type="checkbox"/>
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_____	_____	<input type="checkbox"/>
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Please note on the back of this page if any attendees reported positive symptoms and/or were turned away from the meeting: