

Health Acknowledgement

Welcome! We're glad you're here. NAME _____ DATE _____

In order to keep you and other congregants safe and healthy, read and respond to the health questions below. Please affirm to the greeter that you acknowledge the following items are true for you and provide your name and contact number. All persons are required to keep physical distancing of 6 feet or more (from persons outside your household group) and to wear a face covering. CONTACT NUMBER _____



I have not had 2 or more of the following symptoms of COVID-19 in the past 14 days:

- Fever
- Shortness of breath or difficulty breathing
- Chills
- Persistent cough
- Flu-like symptoms
- Diarrhea or intestinal upset
- Fatigue
- Sore throat
- Headache
- Muscle pain
- Recent loss of taste or smell

1.

I have not been in contact with anyone experiencing symptoms of COVID-19 (identified in #1) in the past 14 days.

2.

I have not tested positive for COVID-19, nor am I awaiting test results, nor have I tested positive and have not subsequently had complete resolution of COVID-19 symptoms.

3.

4.

I will immediately notify the pastor if, after attending this event, I develop 2 or more symptoms of COVID-19, will avoid contact with others, and will seek medical attention.

SIGNATURE _____