

Attestation of Health

Prior to each time entering the church, I promise to self-assess and ensure that I and/or all members of my household do not have the following symptoms:

- 37.8 or above fever
- Runny nose/nasal congestion or sneezing
- New or worsening cough
- Sore throat
- Shortness of breath
- Loss of taste or smell
- Difficulty swallowing
- Nausea or vomiting
- Diarrhea
- Abdominal pain

I and/or members of my household will not come to church with any of the symptoms above. If I, or members of my household travel outside of Canada, we will not come to church for at least 2 weeks. I understand that every effort will be made to set up the church according to health standards, but it does not guarantee that I will not be possibly exposed to COVID-19 there, and so the decision to come is at my own risk.

By signing your name below, you agree to adhere to the statements listed above:

(Your signature above)

(Date signed above)

Covid-19 Contact Tracing: Please complete this section so that we can contact you in the event that an attendee tests positive for Covid-19:

Please print:

Name: _____

Phone: _____

Email: _____