

**COVID NATURAL IMMUNITY QUESTIONNAIRE – EXAM & AFFIDAVIT**

Do you have any of these life-threatening symptoms?	YES	NO
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<i>Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone</i>		
<i>Severe and constant pain or pressure in the chest</i>		
<i>Extreme difficulty breathing (such as gasping for air, being unable to talk without catching your breath, severe wheezing, nostrils flaring)</i>		
<i>New disorientation (acting confused)</i>		
<i>Unconscious or very difficult to wake up</i>		
<i>Slurred speech or difficulty speaking (new or worsening)</i>		
<i>New or worsening seizures</i>		
<i>Signs of low blood pressure (too weak to stand, dizziness, lightheaded, feeling cold, pale, clammy skin)</i>		
<i>Dehydration (dry lips and mouth, not urinating much, sunken eyes)</i>		
<b>DID you have any of these life-threatening symptoms in THE LAST 24 MONTHS?</b>		

**PLEASE DESCRIBE YOUR TREATMENT IF ANY:**

Do you have any of these 3 symptoms at the present time?	YES	NO	Maybe ?
<b>fever- dry cough – tiredness</b>			

DID you have any of these three symptoms in THE LAST 24 MONTHS?			
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Do you presently have any of these symptoms?	YES	NO
<b>aches and pains, sore throat, diarrhea, conjunctivitis, headache, loss of taste or smell, rash on skin, or discoloration of fingers or toes ?</b>		
<b><u>DID you have any of the above eight symptoms together with:</u> fever, cough, and/or tiredness /physical weakness in THE LAST 24 MONTHS ?</b>		

Have You Had PCR Test In 12 Months		
WHAT WERE THE RESULTS?	Positive	Negative
Have You Had an ANTIGEN Test In 12 Months		
WHAT WERE THE RESULTS?	Positive	Negative
Have You Had an Immunoprecipitation Test In 12 Months		
WHAT WERE THE RESULTS?	Positive	Negative

Are you convinced that you have contracted the COVID virus in the last 12 months and that your physical body has returned to a normal health condition similar or equal to your previous physical health condition prior to contracting COVID? **YES NO** Are you convinced that your body has developed sufficient antibodies and a healthy immune system to protect you from future infections of the same strain of virus ? **YES NO**

Do you have any family member(s) /friend(s)/neighbor(s)/co-worker(s) who will give witness and sign this affidavit on your behalf?

<b>NAME:</b>
<b>TEL#/ or EMAIL:</b>

<b>NAME:</b>
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<b>NAME:</b>
<b>TEL#/ or EMAIL:</b>

HAVE YOU CHOSEN TO TRUST IN THE NATURAL IMMUNITY OF THE HUMAN BODY AND HAVE CONFIDENCE THAT YOUR PERSONAL IMMUNE SYSTEM HAS PRODUCED SUFFICIENT ANTIBODIES IN RESPONSE TO VIRAL INFECTIONS SUCH AS THE SARS-CoV-2 virus	<b>YES</b>	<b>NO</b>

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**TEL# & EMAIL:** \_\_\_\_\_