

# Attendance Record

Name of Lodge: \_\_\_\_\_

Date: \_\_\_\_\_

Worshipful Master: \_\_\_\_\_

Secretary: \_\_\_\_\_

I confirm that I do not currently have nor have I had any of the following symptoms listed below within the last 30 days, and if I have been cleared by my PMD person or another medical doctor. I also verify that I have not traveled outside of the United States in the past 14 days.

I also verify that I have not knowingly been exposed to the virus by anyone or tested positive for COVID-19 within the past 14 days.

I acknowledge and agree that to prevent the spread of these contagious viruses and protect each other, I must follow the Most Worshipful Prince Hall Grand Lodge of Ohio's strict guidelines.

Signature:

1. \_\_\_\_\_ Fever-Temperature above 100.4 (If yes, stop here)

\_\_\_\_ Repeat shaking with chills \_\_\_\_ Shortness of breath \_\_\_\_ A continuous cough \_\_\_\_ Loss of taste or smell  
\_\_\_\_ Sore Throat \_\_\_\_ Chills \_\_\_\_ Diarrhea \_\_\_\_ Muscle pain \_\_\_\_ Headache

2. \_\_\_\_\_ Fever-Temperature above 100.4 (If yes, stop here)

\_\_\_\_ Repeat shaking with chills \_\_\_\_ Shortness of breath \_\_\_\_ A continuous cough \_\_\_\_ Loss of taste or smell  
\_\_\_\_ Sore Throat \_\_\_\_ Chills \_\_\_\_ Diarrhea \_\_\_\_ Muscle pain \_\_\_\_ Headache

3. \_\_\_\_\_ Fever-Temperature above 100.4 (If yes, stop here)

\_\_\_\_ Repeat shaking with chills \_\_\_\_ Shortness of breath \_\_\_\_ A continuous cough \_\_\_\_ Loss of taste or smell  
\_\_\_\_ Sore Throat \_\_\_\_ Chills \_\_\_\_ Diarrhea \_\_\_\_ Muscle pain \_\_\_\_ Headache

4. \_\_\_\_\_ Fever-Temperature above 100.4 (If yes, stop here)

\_\_\_\_ Repeat shaking with chills \_\_\_\_ Shortness of breath \_\_\_\_ A continuous cough \_\_\_\_ Loss of taste or smell  
\_\_\_\_ Sore Throat \_\_\_\_ Chills \_\_\_\_ Diarrhea \_\_\_\_ Muscle pain \_\_\_\_ Headache

5. \_\_\_\_\_ Fever-Temperature above 100.4 (If yes, stop here)

\_\_\_\_ Repeat shaking with chills \_\_\_\_ Shortness of breath \_\_\_\_ A continuous cough \_\_\_\_ Loss of taste or smell  
\_\_\_\_ Sore Throat \_\_\_\_ Chills \_\_\_\_ Diarrhea \_\_\_\_ Muscle pain \_\_\_\_ Headache

6. \_\_\_\_\_ Fever-Temperature above 100.4 (If yes, stop here)

\_\_\_\_ Repeat shaking with chills \_\_\_\_ Shortness of breath \_\_\_\_ A continuous cough \_\_\_\_ Loss of taste or smell  
\_\_\_\_ Sore Throat \_\_\_\_ Chills \_\_\_\_ Diarrhea \_\_\_\_ Muscle pain \_\_\_\_ Headache

7. \_\_\_\_\_ Fever-Temperature above 100.4 (If yes, stop here)

\_\_\_\_ Repeat shaking with chills \_\_\_\_ Shortness of breath \_\_\_\_ A continuous cough \_\_\_\_ Loss of taste or smell  
\_\_\_\_ Sore Throat \_\_\_\_ Chills \_\_\_\_ Diarrhea \_\_\_\_ Muscle pain \_\_\_\_ Headache

8. \_\_\_\_\_ Fever-Temperature above 100.4 (If yes, stop here)  
\_\_\_\_ Repeat shaking with chills \_\_\_\_ Shortness of breath \_\_\_\_ A continuous cough \_\_\_\_ Loss of taste or smell  
\_\_\_\_ Sore Throat \_\_\_\_ Chills \_\_\_\_ Diarrhea \_\_\_\_ Muscle pain \_\_\_\_ Headache
9. \_\_\_\_\_ Fever-Temperature above 100.4 (If yes, stop here)  
\_\_\_\_ Repeat shaking with chills \_\_\_\_ Shortness of breath \_\_\_\_ A continuous cough \_\_\_\_ Loss of taste or smell  
\_\_\_\_ Sore Throat \_\_\_\_ Chills \_\_\_\_ Diarrhea \_\_\_\_ Muscle pain \_\_\_\_ Headache
10. \_\_\_\_\_ Fever-Temperature above 100.4 (If yes, stop here)  
\_\_\_\_ Repeat shaking with chills \_\_\_\_ Shortness of breath \_\_\_\_ A continuous cough \_\_\_\_ Loss of taste or smell  
\_\_\_\_ Sore Throat \_\_\_\_ Chills \_\_\_\_ Diarrhea \_\_\_\_ Muscle pain \_\_\_\_ Headache
11. \_\_\_\_\_ Fever-Temperature above 100.4 (If yes, stop here)  
\_\_\_\_ Repeat shaking with chills \_\_\_\_ Shortness of breath \_\_\_\_ A continuous cough \_\_\_\_ Loss of taste or smell  
\_\_\_\_ Sore Throat \_\_\_\_ Chills \_\_\_\_ Diarrhea \_\_\_\_ Muscle pain \_\_\_\_ Headache
12. \_\_\_\_\_ Fever-Temperature above 100.4 (If yes, stop here)  
\_\_\_\_ Repeat shaking with chills \_\_\_\_ Shortness of breath \_\_\_\_ A continuous cough \_\_\_\_ Loss of taste or smell  
\_\_\_\_ Sore Throat \_\_\_\_ Chills \_\_\_\_ Diarrhea \_\_\_\_ Muscle pain \_\_\_\_ Headache
13. \_\_\_\_\_ Fever-Temperature above 100.4 (If yes, stop here)  
\_\_\_\_ Repeat shaking with chills \_\_\_\_ Shortness of breath \_\_\_\_ A continuous cough \_\_\_\_ Loss of taste or smell  
\_\_\_\_ Sore Throat \_\_\_\_ Chills \_\_\_\_ Diarrhea \_\_\_\_ Muscle pain \_\_\_\_ Headache
14. \_\_\_\_\_ Fever-Temperature above 100.4 (If yes, stop here)  
\_\_\_\_ Repeat shaking with chills \_\_\_\_ Shortness of breath \_\_\_\_ A continuous cough \_\_\_\_ Loss of taste or smell  
\_\_\_\_ Sore Throat \_\_\_\_ Chills \_\_\_\_ Diarrhea \_\_\_\_ Muscle pain \_\_\_\_ Headache
15. \_\_\_\_\_ Fever-Temperature above 100.4 (If yes, stop here)  
\_\_\_\_ Repeat shaking with chills \_\_\_\_ Shortness of breath \_\_\_\_ A continuous cough \_\_\_\_ Loss of taste or smell  
\_\_\_\_ Sore Throat \_\_\_\_ Chills \_\_\_\_ Diarrhea \_\_\_\_ Muscle pain \_\_\_\_ Headache