



## Covid-19 Acknowledgement Form

The purpose of this form is to help keep the body of Christ protected and to allow in-person worship to safely continue. Please complete and sign before entering the sanctuary. By signing below, you acknowledge the following:

1. I must adhere to an acceptable temperature check (98.6 or lower), hand sanitation, and wear a face mask at all times during the worship service.
2. I agree I will not participate in in-person worship if I am awaiting the results of a COVID-19 test or if, within the past 14 days I : (i) have been diagnosed with COVID-19; (ii) have experienced any symptom of illness which may be associated with COVID-19; or, (iii) have been in close contact with anyone who has been diagnosed with COVID-19, are awaiting the results of a COVID-19 test, or have exhibited any symptom of illness which may be associated with COVID-19 such as:
  - a. Temperature of 38 C/100.4 F or higher
  - b. Cough
  - c. Shortness of breath/difficulty breathing
  - d. Chills
  - e. Muscle pain
  - f. Sore throat
  - g. Recent loss of taste or smell
3. I must adhere to these protocols regardless of vaccination status.

Please provide us with your email address or telephone number below along with all guests attending worship with you so that we may contact you in the event we receive notification of someone in attendance testing positive for the Covid-19 virus.

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Telephone number

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Email Address

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Print Name

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Signature

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Print Guest Name

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Print Guest Name

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Print Guest Name

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Print Guest Name