



SAINT MARK'S CATHEDRAL

COVID-19 EVENT DISCLOSURE & SCREENING FORM

Event/Activity: _____ Date: _____

Name of Participant: _____

Phone Number: _____

Email Address: _____

For the health of our community, all participants at the above event are required to sign and agree to voluntarily assume any risk of physically participating at this event. Before attending, you agree that:

1. I agree to follow all social distancing, sanitizing, and temperature-taking protocols in place at this event or activity and **agree to wear a face mask for the entirety of this event.**
2. I understand my attendance and participation in the above event can pose a risk of COVID-19 or other contagious or infectious diseases to me, and if I am a high-risk person, as defined by the CDC, I should stay home and avoid participation.
3. If I have been recently exposed to COVID-19, I understand that I may pose a risk to others.
4. I agree that none of the following applies to me:
 - a. I do not have a temperature greater than 100.4°F.
 - b. To my knowledge, I have not been in close or proximate contact with anyone who has had symptoms of COVID-19 in the past 14 days.
 - c. I have not tested positive for COVID-19 in the last 14 days.
 - d. I have not experienced symptoms of COVID-19 in the past 14 days, including but not limited to fever or chills, cough, fatigue, difficulty breathing, muscle or body aches, headache, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.
 - e. I have not attended any events in the last 14 days where social distancing wasn't observed or masks worn.
 - f. I have not traveled internationally or in any domestic virus hot spots in the last 14 days.
5. If there is an outbreak, my information may be shared with Public Health officials to engage in an approved contact tracing program. I understand that my information will be saved and may be released to such Public Health Officials in the event it is needed for such a program.

Your participating in person at this event is conditioned upon your acceptance and agreement to the above. Thank you for helping us keep our community safe and healthy, we are all in this together!

Signature: _____ Date: _____