



# 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 consider staying 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 I have not experienced any of the following in the past 48 hours:
  - Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting
5. I am not currently isolating or quarantining because I may have been exposed to a person with COVID-19 or worried that I may be sick with COVID-19.
6. I am not currently waiting on the results of a COVID-19 test because I may have been exposed to a person with COVID-19 or worried that I may be sick with COVID-19.
7. 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: \_\_\_\_\_