

Contact Tracing Form

Location of Service: _____

Date of Service: _____

Time of Service: _____

Please initial the following statements:

1. _____ I agree that if I have a temperature of 100 degrees or more within 14 days of the service, I will not attend the service.
2. _____ I agree that if I experience coughing, shortness of breath, or loss of sense of taste/smell within 14 days of the service, I will not attend.
3. _____ I agree that if I have received a positive result from a COVID-19 test in the past 14 days, I will not attend the service.
4. _____ I agree that if I have had close contact (within six feet distance for at least 10 minutes) with anyone who has either tested positive for COVID-19 or developed symptoms of COVID-19 (fever, cough, shortness of breath), in the last 14 days I will not attend the service.
5. _____ I agree to wear a mask that covers my nose and mouth for the duration of the service.
6. _____ I agree to maintain 6 feet distance from other attendees of the service who are not in my household, and will refrain from holding hands, shaking hands, and hugging anyone other than those in my household.
7. _____ I agree to follow the instructions of the ushers, clergy, and staff at the service.
8. _____ I agree to notify the clergy or staff of the service immediately if I develop symptoms of COVID-19 (fever, shortness of breath, coughing) or if I test positive for COVID-19 within 14 days after attending the service.

Print Name: _____

Email Address: _____

Phone Number: _____