I am not experiencing two or more of the following symptoms of COVID-19: • Fever (100 F or higher) or chills • Cough • Shortness of breath or difficulty breathing • New loss of taste or smell • Headache • Muscle or body aches • Sore throat • Congestions or runny nose, not allergy related • Nausea or vomiting • Diarrhea

I have not been in contact with anyone experiencing symptoms of COVID-19 (see #1) or I am fully vaccinated (14 days after series of vaccinations are completed.)

I have not tested positive for COVID-19, nor am I awaiting test results.

If I have tested positive for COVID-19, I have complete resolution of symptoms OR (if asymptomatic) have completed 10 days of self-isolation.

I will immediately notify the pastor if within 5 days after attending this event, I develop 2 or more symptoms of COVID-19, will avoid contact with others, and will seek medical attention.