

COVID-19 EVENT DISCLOSURE & SCREENING FORM
for St Aidan's Episcopal Church, Camano Island

Event/Activity (circle one): Worship Work Party Fellowship Class

Date & Time: _____

Name of Participant: _____

Phone Number: _____

Email Address: _____

Considering recent events, the health and wellbeing of our community is our paramount concern. Therefore, all participants at the above event are required to sign one of these forms and agree to voluntarily assume any risk of physically participating at this event.

When I sign this form, I am agreeing that the following statements are true:

1. I understand my attendance and participation in the above event can pose a risk to me of COVID-19 or other contagious or infectious diseases, and if I am a high-risk person, as defined by the CDC, I should stay home and avoid participation;
2. I understand that I may pose a risk to others if I have been recently exposed to COVID-19;
3. The following health/symptom related statements apply to me:
 - a. I have not tested positive for COVID-19 in the last 14 days. If I do test positive for COVID-19, I will so inform St. Aidan's by phone or by email.
 - b. I have not experienced symptoms of COVID-19 in the past 14 days, including but not limited to fever, fatigue, difficulty breathing, or dry cough.
 - c. 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.
 - d. I have followed the CDC and Washington Health officials' guidelines of maintaining physical distancing, wearing facial coverings, and have refrained from participating in gatherings that do not observe these guidelines.
4. 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 for 21 days, and my information may be released to such Public Health Officials in the event it is needed for such a program.
5. I will wear a face covering and follow the physical distancing and sanitation protocols in place at this event or activity.

Your participation at this event is conditioned upon your acceptance and agreement to the above.

Signature: _____ Date: _____

Thank you for helping us keep our community safe & healthy; we are all in this together!