

Date: _____

Names of everyone in your group:

Phone number: _____

E-mail address: _____

If you answer yes to any of the following questions that can't be explained by seasonal allergies or other ailments common to you, we ask that you please not attend worship at this time for your safety and the health of others.

Are you experiencing:

Fever, cough, chills, and/or muscle aches YES NO

Sore throat, runny nose, and/or loss of taste or smell YES NO

Nausea, vomiting, and/or diarrhea YES NO

Shortness of breath and/or headache YES NO

A fever of 99.9 or higher? YES NO

Have you had close contact or cared for someone with Covid-19
in the past 14 days? YES NO

Please sign below. By signing I/we agree to wear face covering(s) or shield(s) at all times inside the building, stay appropriately distanced from those not in our group, and follow all directions. In addition, I/we agree to release First Presbyterian Church of Normal and its representatives and employees of any liability related to the contraction of COVID-19 while on the church premises.
