

This form is valid for 1 week for attendance for worship services and all gatherings.

Name: _____

Phone # _____

Email: _____

Effective Date: _____

Church: Mt. Vernon UMC
Pastor: Rev. Mi Sook Ahn

Please respond to the following questions, so we may keep you and other congregants gathering with you safe and healthy. These questions are to screen for persons who could transmit the virus causing COVID-19. The information will remain confidential and reviewed only by your local clergy. The District Superintendent, Bishop/Cabinet, and the Department of Health will review only if necessary.

I acknowledge:

1. I have not had 2 or more of the following symptoms of COVID-19 in the past 14 days:
 - Fever
 - Shortness of breath or difficult breathing
 - Chills
 - Persistent cough
 - Flu-like symptoms
 - Diarrhea or intestinal upset
 - Fatigue
 - Sore throat
 - Headache
 - Muscle pain
 - Recent loss of taste or smell
2. I have not been in contact with anyone experiencing symptoms of COVID-19 (identified above) in the past 14 days.
3. I have not tested positive for COVID-19, nor am I awaiting test results, nor have I tested positive and have not subsequently had complete resolution of COVID-19 symptoms.
4. I will immediately notify my pastor if after attending an in-person worship or gathering I develop 2 or more symptoms of COVID-19, will avoid contact with others and seek medical attention.

If you can answer 'YES' to all of the above please sign below. If you cannot answer 'Yes' to all of the above we ask you to wait before attending in-person gatherings at church until you can answer affirmatively.

Yes I agree: Signature: _____