



WOODLAWN UNITED CHURCH COVID 19 WAIVER
All information must be completed. Please print clearly.

Name: _____ Date of Worship: _____

Phone: (H): _____ (Cell): _____

Please answer the following questions:

Covid 19 Safety Questions	Yes	No
Do you have Covid-19 or have you been told to self isolate?		
Have you or anyone in your household recently travelled outside of the Atlantic "Bubble" in the last 14 days?		
Are you experiencing any Covid 19 Symptoms such as:		
- Fever		
- Headache		
- Coughing or worsening of an existing cough?		
- Runny nose or nasal congestion? Sneezing?		
- Hoarse voice or sore throat?		
- Unexplained or unusual fatigue		
- Loss of smell or taste		
- a rash on skin, or discolouration of fingers or toes		
- Shortness of breath		
- Gastrointestinal symptoms (abdominal pain, diarrhea, vomiting)		
Have you been in direct contact with anyone who has been diagnosed with Covid 19, or is still awaiting confirmation of test results? Symptoms may take up to 14 days to appear after exposure to COVID-19.		

If you are unable to answer NO to all of these questions please plan to attend a future service or event/meeting. If you answer yes to any of these questions, we are unable to accommodate your attendance until your circumstances change. Thank you for your understanding.

I understand that Woodlawn United Church has implemented recommended disinfection protocols, however, the risk of transmission/infection with Covid 19 still exists and by attending this worship service, activity, or event, I acknowledge and accept the risk.

Signature

Date

