

## LBCM Covid-19 Checklist

Please complete the following questions, selecting one answer for each line.

**1. Have you experienced a fever and/or respiratory symptoms such as coughing, sore throat, or difficulty breathing in the past 14 days?**

Yes

No

**2. Have you traveled outside of the province in the past 14 days?**

Yes

No

**3. Have you been in close contact (within 6 feet for 15 minutes at a time) with a person who has been confirmed or waiting on COVID-19 test results?**

Yes

No

**4. Under current provincial health guidelines, should you currently be in self-isolation or quarantine?**

Yes

No

**DO NOT** enter the church if you answer “YES” to any of the above questions

### **Waiver of Indemnity:**

By checking here, I agree and acknowledge that I enter the church at my own risk and I release and forever discharge the church of and from any and all liability and claims with respect to all COVID-19 and related matters.

My Name:

Date:

Once the form is completed and signed, please send to [jenniferfone713@gmail.com](mailto:jenniferfone713@gmail.com) with attendees' full name and order number, no earlier and no later than FRIDAY JULY 30TH. The date on the form should also be July 30th. Thank you.