

Health Information Form

Date: _____

Note: Temperatures **should be taken at home** no more than two hours prior to the start time of the in person gathering

Name: _____ Temperature: _____ Time: _____

Name: _____ Temperature: _____ Time: _____

Name: _____ Temperature: _____ Time: _____

Name: _____ Temperature: _____ Time: _____

Name: _____ Temperature: _____ Time: _____

Name: _____ Temperature: _____ Time: _____

Symptoms of COVID-19 Include the following:

- A temperature of 100.4°F or greater
- A new loss of taste or smell
- A cough, shortness of breath, or difficulty breathing
- Unusual Headache, muscle aches, or body aches for unknown reasons
- Sore throat
- Nausea, vomiting, or diarrhea

Do any members of your party have any symptoms of COVID-19 including any of those listed above?

☐ Yes ☐ No

Have any members of your party been diagnosed with COVID-19, or received a positive COVID-19 test result, and not been released by a medical professional? ☐ Yes ☐ No

Have any members of your party had a COVID-19 test in the past 14 days for which the results are still pending?

☐ Yes ☐ No

Have any members of your party had close contact (Close contact generally means having been within 6 feet of a person for at least 15 minutes, or being exposed to their cough or sneeze) with anyone diagnosed with COVID-19, or have any members of your party been notified by a public health official that they may have potentially been exposed to COVID-19?

☐ Yes ☐ No

Have any members of your party traveled to a state included in the Maryland travel advisory in the last 14 days?

☐ Yes ☐ No

****If you answered YES to any of these questions you should refrain from joining us in person this week and join us virtually instead****

ALL Adults in your party should sign the form verifying that the provided information is correct

Signature: _____

Signature: _____

Signature: _____