2021 COVID-19 ATTESTATION

Due to the Covid-19 pandemic, First Hebrew Congregation requires this attestation to be completed when registering for in-person services.

Per the CDC, symptoms of Covid-19 include but are not limited to:

* Fever (100 degrees F or higher) or chills
* Cough
* Shortness of breath/difficulty breathing
* Fatigue
* Muscle or body aches
* Headache
* New loss of sense of taste or smell
* Sore throat
* Congestion or runny nose
* Nausea or vomiting
* Diarrhea

Symptoms may appear two-fourteen (2-14) days after exposure to the virus. People with the above symptoms may have Covid-19.

Please read and initial:

1. \_\_\_\_\_ I understand the above symptoms and affirm that neither I nor any member of my household currently have or have had these symptoms in the past 14 days.

2. \_\_\_\_\_ I affirm that neither I nor anyone in my household has knowingly been exposed to anyone diagnosed with Covid-19 in the past 14 days.

3. If applicable only, I affirm that I am

* \_\_\_\_ partly vaccinated (have had one dose or am less than two weeks past my final dose)
* \_\_\_\_ fully vaccinated (am more than 2 weeks past my final dose) against Covid-19.

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_