

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 _____