

Health Self-Certification

For Children and Children's Ministry Volunteers

**This form must be completed no more than 24 hours before arriving at East White Oak.
Bring this completed form and submit it upon entry into the church building.**

I certify that I am or my child is experiencing none of the following symptoms: Fever of greater than 100 degrees F, new or worsening cough, shortness of breath, sore throat, chills, muscle pain, headache, new loss of taste or smell.

I further certify that in the past 14 days I have not or my child has not had close contact (15 minutes within 6 feet either with or without face covering) with anyone diagnosed with COVID-19.

Please complete one form per person.

Volunteer Name or Child's Name: (Please Print)

Please take an accurate temperature reading and complete the following:

Temperature

Date

Time

← **I have read and verify that these statements are true.**

Volunteer/Parent/Guardian signature:

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