ACKNOWLEDGEMENT OF HEALTH

I acknowledge and declare:

[ ] I have traveled to _____ (insert your location) from another region of the state, _____, and to my knowledge I do not have COVID-19 and to my knowledge, I have not been in contact with anyone with COVID-19. If I have been in contact with anyone with COVID-19, I am explaining that contact below:

_____
_____
_____
_____

[ ] I have traveled from another state to _____ (insert your location) within the last 14 days from these cities and states:

_____
_____.

To my knowledge, I do not have COVID-19, and to my knowledge, I have not been in contact with anyone with COVID-19. If I have been in contact with anyone with COVID-19, I am explaining that contact below:

_____
_____
_____
_____

[ ] I have traveled from one of the areas listed in the Warning Levels from the CDC's website in this link (https://wwwnc.cdc.gov/travel/notices), and I have provided that area or those areas in the space below:

_____
_____
_____
_____

[ ] I have come in contact with someone that has traveled from one of the areas listed in the Warning Levels from the CDC's website in this link (https://wwwnc.cdc.gov/travel/notices), and I have provided that area or those areas in the space below:

_____

_____

_____

[ ] I have not traveled to _____ (insert your location) from another region in the state. To my knowledge, I do not have COVID-19 and to my knowledge, I have not been in contact with anyone with COVID-19.

[ ] I have not traveled from another state to _____ (insert your location) within the last 14 days. To my knowledge, I do not have COVID-19 and to my knowledge, I have not been in contact with anyone with COVID-19.

[ ] I have not traveled from one of the areas listed in the Warning Levels from the CDC's website in the link above. To my knowledge, I do not have COVID-19 and to my knowledge, I have not been in contact with anyone with COVID-19.

[ ] I have reviewed the list of common symptoms of COVID-19 and the revised list of symptoms of COVID-19 https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html and I voluntarily declare and acknowledge that I **have or do not** have the following symptoms:

Fever	[ ] Yes	[ ] No
Cough	[ ] Yes	[ ] No
Chills	[ ] Yes	[ ] No
Repeated shaking with chills	[ ] Yes	[ ] No
Shortness of breath or difficulty breathing	[ ] Yes	[ ] No
Sore throat	[ ] Yes	[ ] No
Diarrhea	[ ] Yes	[ ] No
Headache	[ ] Yes	[ ] No
Muscle pain	[ ] Yes	[ ] No
New loss of taste or smell	[ ] Yes	[ ] No

[ ] I have **had in the past ten (10) days** the following common symptoms of COVID-19:

Fever	[ ] Yes	[ ] No
Cough	[ ] Yes	[ ] No
Chills	[ ] Yes	[ ] No
Repeated shaking with chills	[ ] Yes	[ ] No
Shortness of breath or difficulty breathing	[ ] Yes	[ ] No
Sore throat	[ ] Yes	[ ] No
Diarrhea	[ ] Yes	[ ] No
Headache	[ ] Yes	[ ] No
Muscle pain	[ ] Yes	[ ] No
New loss of taste or smell	[ ] Yes	[ ] No

[ ] I have come in contact with someone with the list of common symptoms listed above and I agree to provide information about this person with these symptoms below:

_____
_____
_____
_____

[ ] I have been tested for COVID-19; I agree to provide the results of my test to my clergy, District Superintendent, and Bishop.

[ ] If I develop the common symptoms of COVID-19 listed above, I will immediately contact _____ _____, and I will avoid contact with others and seek immediate medical attention.

Acknowledged and Agreed:

_____ _____ ___, 2020
[Sign Name Here]

_____
[Print Name]

_____
Address

_____
Phone Number

_____
Business and Personal Email Addresses

Return this completed form to your local clergy and District Superintendent.