Welcome! We understand that you will be participating in an event held at the Unitarian Universalists of Mount Airy (UUsMA). Before the fun can begin, we are asking that all participants fill out the survey below along with the COVID liability waiver and return it to Nicole Bartle approximately 24 hours prior to the event. Without these completed documents, you will not be permitted to enter the building. This has been put in place for the safety of all and the ability to reach you should someone at the event test positive in the weeks after its conclusion.

Name: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I have a fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste of smell, fatigue, congestion or runny nose, diarrhea, nausea or vomiting.

**YES** or **No**

1. I have tested positive for COVID-19 in the last 30 days or believe I would test positive presently.

**YES** or **No**

1. I may have been exposed to someone who has tested positive for COVID-19 of has the symptoms listed above.

**YES** or **No**

1. A government official or medical professional has asked that I quarantine or self-isolate to prevent possibly exposing others to COVID-19.

**YES** or **No**

1. Within the past two weeks, I have traveled internationally or have traveled domestically to a place where the transmission of COVID-19 is widespread.

**YES** or **No**