

Attestation Form

For all persons attending in-person activities at Four Oaks United Methodist Church

For the well-being, safety, and healthy of our collective church family, I attest that I will choose to attend any in-person activity at our church only if I am free from the following:

- **Fever greater than 100° F**
- **New cough (unrelated to allergies)**
- **New sore throat (unrelated to allergies)**
- **Shortness of breath or difficulty breathing**
- **Chills**
- **Repeated shaking with chills**
- **Muscle pain**
- **Headache**
- **Vomiting or diarrhea**
- **New loss of taste or smell**
- **Known exposure to someone who has tested positive for COVID-19**

I will not come to church when ill for any reason. I will abide by the Small Group Protocols set by the church's Returning Team out of respect, care, and love for my fellow church members.

Printed Name: _____

Date: _____

Signature: _____

Parent/Guardian's Printed Name: _____
(For youth under 18 years of age)

Parent/Guardian's Signature: _____