Saint Joseph
CATHOLIC COMMUNITY

MINISTRY ATTENDANCE

Ministry Name: _____

Today's Date: _____Meeting Room: _____

By signing in below and attending this meeting, you are stating that in the past two weeks:

- You have not had a fever greater than 100 degrees Fahrenheit
- You have not experienced abnormal coughing
- You have not experienced unexplained shortness of breath or difficulty breathing.
- You have not had chills or repeated shaking with chills
- You have not had a nagging sore throat
- You have not experienced loss of taste or smell
- You have not experienced abnormal coughing
- You have not been in close proximity or in contact with someone who exhibits symptoms of or has been diagnosed as having the corona virus

Further, by signing-in below you are acknowledging that you have received the parish's warnings about regarding the risks of exposure to and contraction of COVID-19 while present on Parish property and/or while participating in activities and ministries on Parish property. You further acknowledge and agree that by being present on Parish property, you have assumed those risks.

Name	Best Phone #	Initials