



Attendee Affidavit

Date: _____

Attendee Name: _____

I certify that, to the best of my knowledge, I have NOT been exposed to COVID-19, nor have I had a chronic cough, nor have I had a temperature above 100.4 degrees in the past 14 days.

___ Yes, I am healthy

___ No, I cannot certify this

I also acknowledge that my attendance at the _____ meeting/event is voluntary.

Signature

Cell Phone Number