**OUTDOOR EVENT ATTENDANCE FORM**

**FOR SISTERHOOD GREAT BROOK FARM EVENT ON**

**JUNE 6TH**

**CBE During COVID-19**

* Wear masks properly (cover nose and mouth)
* Stay in designated space if possible, and maintain 6 ft. distance from people (outside of your household) at all times
* Stay out of building; ask Hospitality person if bathroom facilities are needed

Please do not attend the event if you experience any of the following:

* Fever
* Sore throat
* Cough/ Respiratory Symptoms / Shortness of Breath
* Muscle Aches
* Unexplained Rash
* Nausea/Vomiting/Diarrhea/Stomach Pain
* Loss of smell or taste – unexplained

Please do not attend if you:

* + Have been informed that you need to quarantine (due to close contact of COVID-19 or travel requirements)
  + Are awaiting the results of a non-routine COVID-19 test

Please inform CBE Staff immediately if you become ill within 72 hours of attending. An inherent risk of exposure to COVID-19 exists in any public place where people are present.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date: | |
| Event: Sisterhood Great Brook Farm Hike JUNE 6TH |  | | |
| Email |  | Phone: | |
|  | | Yes | No |
| **Is anyone in your family not feeling well?** |  |  |  |
| **Have you or family members attending with you been advised to quarantine due to close contact with Covid-19 or travel?** |  |  |  |
| **Do you or family members attending with you have a non-routine Covid-19 test pending?** |  |  |  |
| **Fever?** |  |  |  |
| **Feeling unwell?** |  |  |  |
| **Sore throat?** |  |  |  |
| **Cough?** |  |  |  |
| **Respiratory Symptoms / Shortness of Breath?** |  |  |  |
| **Muscle Aches?** |  |  |  |
| **Unexplained Rash?** |  |  |  |
| **Nausea/Vomiting/Diarrhea/Stomach Pain?** |  |  |  |
| **Loss of smell or taste – unexplained?** |  |  |  |

COVID-19 is an extremely contagious disease that can lead to severe illness and death.

According to the Centers for Disease Control and Prevention, senior citizens and persons with underlying medical conditions are especially vulnerable. Please consult with a medical professional if you have any personal concerns. Although we have made every effort to ensure safety, by visiting CBE or attending a CBE event, you voluntarily assume all risks related to exposure to COVID-19.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_