Group Sign-In Sheet

Group Name and Location (Room Number):	
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Group leaders: In accordance with the Statement of Agreement you signed and in order to protect your health & the health of others, any guests entering this building must acknowledge if they have any of the symptoms associated with COVID-19 (listed below and in the far right column). Please use this sign-in sheet for each meeting. If a guest in your group has any of these symptoms they should be politely asked to leave the building and should follow CDC guidelines, including reaching out to their health care provider for guidance. Please keep all sign-in forms for your records, should contact tracing be needed in the event of notifying group members of health information.

Symptoms include: Fever greater than 100.4°, cough, sore throat, respiratory illness or difficulty breathing

<u>Date</u>	Time In	<u>Print Name</u>	<u>Phone Number</u>	Reason for Visit (who are you seeing or what class are you attending?)	Estimated Time for Visit EX: 9am- 10am	Are you experiencing any of these symptoms? Fever greater than 100.4°, cough, sore throat, respiratory illness or difficulty breathing	
						☐ YES	□ NO
						☐ YES	□ №
						☐ YES	□ №
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