Attendance Sheet

Lodge Name and Number: _____

Date of Meeting: _____

PLEASE PRINT

First Name:	
Last Name:	
Current Phone Number: **(Required)**	Cell:
	Home:
Current Email Address:	

Anyone entering this building must acknowledge if whether or not they have any of the symptoms associated with COVID-19. If you have any of these symptoms you will not be permitted to enter the building.

Are you experiencing any of these symptoms?

Fever greater than 100 degrees, cough, sore throat, respiratory illness or difficulty breathing? ☐ Yes ☐ No

By signing below, I attest that I feel healthy and am not currently experiencing any cold for flu-like symptoms.

Signature: _____ Date: _____