 **Temperature:**

 **Covid-19 Release Form**

**Date:**

**Name (First and Last):**

**Personal Email:**

**Home Address:**

**Have you ever been in close contact with a confirmed case of Covid-19 in the last 2-3 weeks?**

**Are you currently experiencing systems (cough, shortness of breath, fever, etc.)?**

**Emergency Contact Name and Phone Number:**

**By submitting your signature, I hereby confirm that information above is true to the best of my knowledge.**