

Constantia Park Baptist Church

012 993 0614

COVID-19 Attendance Form

Date: _____ Time: _____

Name and Surname : _____ Age : _____

Telephone number: _____

Vehicle registration number: _____

Address: _____

Names of other people living at this address _____

I understand the novel coronavirus causes the disease known as COVID-19. I understand the novel coronavirus virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

I understand that ultra-fine nature of spray can linger in the air for minutes to sometimes hours, which can transmit the novel coronavirus. _____ (Initial)

I confirm that I am not presenting any of the following symptoms of COVID-19 identified:

- Fever ____ Y / N _____ Temperature measured: ____
- Cough ____ Y / N _____
- Sore Throat ____ Y / N _____
- Shortness of Breath ____ Y / N _____
- Difficulty Breathing ____ Y / N _____
- Flu-like symptoms ____ Y / N _____

I confirm that I am aware of the increased risk categories, including: diabetes, cardiovascular disease, hypertension, lung diseases including moderate to severe asthma, being immunocompromised, having active malignancy, or over age 60. _____ (Initial)

I am attending the church service at own risk and agree that CPBC is not liable should I contract the COVID-19 disease.

Signature: _____

Ref: Government Gazette REPUBLIC OF SOUTH AFRICA, Vol. 659 28 May 2020 No. 43365