

Member/Visitor Questionnaire and Release

_____ Chapter # _____

The safety of all visitors, members, officer and staff remains our overriding priority. As the corona virus disease 2019 (COVID-19) outbreak continues to evolve, we are monitoring the situation closely and complying with all State Executive Orders regarding the resumption of funeral services.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to all members and visitors, we ask that you complete a screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in accordance with CDC guidelines. At the bottom of the questionnaire is a Release.

By signing this Release, you are acknowledging that you are aware that an inherent risk of exposure to COVID-19 exists in any public place where people are present. By attending this Chapter's meeting, you and any family member and guests voluntarily assume all risks related to exposure to Covid-19 and agree not to hold the Grand Chapter, Order of the Eastern Star, the individual chapter, its officers or members liable for any illness or injury.

| | |
|----------------|-------------------------------------|
| Member's Name: | Personal Phone Number (mobile/home) |
| | |
| Email Address: | |

| Self-Declaration by member | |
|----------------------------|---|
| 1 | Have you returned from any country outside of the US within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2 | Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3 | Have you been in close contact with anyone who has traveled within the last 14 days to any country outside of the US? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4 | Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? Yes <input type="checkbox"/> No <input type="checkbox"/> |

If the answer is "yes" to any of the questions, we ask that you not attend this meeting

Signature (member): _____ Date: _____