

A Light in the Night

HEALTH DECLARATION

I hereby certify, represent and warrant as follows:

Within the 14 days immediately preceding the date of this Declaration, **I HAVE NOT:**

- Tested positive or presumptively positive with COVID-19 (also known as Coronavirus).
- Been identified as a potential carrier for COVID-19
- Experienced any of the symptoms commonly associated with COVID-19
- Been outside of _____ (region, state, city, country)
- Been in contact with or the immediate vicinity of any person I knew or now know to be carrying COVID-19
- Had a Fever of 37.8C/100.4F or higher

Name
Phone number
Email address
Signature
Date