Self Declaration

| I/We declare that to the best of my/our knowledge, |
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| □ We have not tested positive for COVID-19. |
| We did not have close contact with confirmed COVID-19 cases in the last 14 days. |
| We do not carry symptoms of the coronavirus, COVID-19 (fever, cough, shortness of breath or difficulty breathing, muscle pain, headache, sore throat, etc.). |
| ☐ We have not travelled internationally within 14 days. |
| ☐ My body temperature is below 38 Celsius (100.4 F). |
| I understand and consent that if any attendee tests positive, the attendee's list and contact information could be shared with the health authorities. |
| Name: |
| Date: |