



MOILIILI COMMUNITY CENTER

COVID-19 ACKNOWLEDGEMENT

I hereby acknowledge that, _____, (*check one: ___ Child
___ Staff ___ Volunteer*) to the best of my knowledge have not experienced COVID-19 symptoms during the past fourteen (14) days nor has any person(s) living in the same residence experienced any symptoms of COVID-19 during the past fourteen (14) days.

Symptoms of COVID-19 as stated by the CDC may include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.

By signing below, I acknowledge the information above is true and correct to the best of my knowledge. Furthermore, should I or any member of my household contract COVID-19 or display any symptoms, I will immediately notify MCC of the situation and follow any guidelines deemed appropriate.

Print Name

Signature

Date

