

# COVID-19 Sign-in Sheet for 4-H Activities

## EVERY PERSON ENTERING THE FACILITY MUST READ

Provide 1 Sign-in Sheet per 4-H family

**Do not enter the building or participate in this activity if:**

- ✓ You are unable to wear a face covering or maintain social distancing
- ✓ You or anyone in your household is waiting for COVID-19 test results
- ✓ You or anyone in your household think they could have COVID-19
- ✓ You or anyone in your household has traveled outside the state of Hawaii within the past 14 days

...or if you or anyone in your household **(including children)** have these symptoms or have recently been in close contact with anyone with these symptoms:

- |                   |                       |               |
|-------------------|-----------------------|---------------|
| • Fever (100.4 F) | • Cough               | • Sore throat |
|                   | • Shortness of breath | • Diarrhea    |

**If you have any of these symptoms, contact a health professional.**

***If the age or medical condition of anyone in your household makes them more vulnerable to the serious effects of COVID-19, you should reconsider participation of you or your family members in this activity/meeting.***

EVENT TITLE \_\_\_\_\_ DATE \_\_\_\_\_

LOCATION \_\_\_\_\_ TIMES \_\_\_\_\_

**I have reviewed the information above and by signing next to my printed name I confirm that to the best of my knowledge it is safe for me and/or the children with me (listed below) to attend this activity.**

4-H MEMBER NAME

ADULT NAME

ADULT SIGNATURE

PHONE OR EMAIL

4-H MEMBER NAME

ADULT NAME

ADULT SIGNATURE

PHONE OR EMAIL

4-H MEMBER NAME

ADULT NAME

ADULT SIGNATURE

PHONE OR EMAIL