SIGN IN SHEET FOR EMPLOYEES AND VISITORS

Date: _____

By signing below, I certify the following:

1. In the past two weeks, I have not tested positive for COVID-19 and have not been diagnosed with COVID-19.
2. I am not under a current quarantine or isolation order.
3. I have not been in "Close Contact" with anyone who has tested positive for COVID-19. "Close Contact" means being within six feet of an infected person for a total of at least 15 minutes over the course of 24 hours.
4. I do not have any of the following symptoms: fever or feeling feverish (such as chills or sweating); cough; mild or moderate difficulty breathing; sore throat; muscle aches; body aches; vomiting; diarrhea; loss or taste or smell; congestion or runny nose.

Time In	Print Name	Signature	Department or Person Visited	Time Out

Copyright © 2021 The Roman Catholic Archbishop of Los Angeles, a corporation sole. All rights reserved. Updated August 2022