



## Informed Consent for In-Person Attendance at Mass During COVID-19 Public Health Crisis

Holy Name parish intends as best it can to follow all mandated Archdiocesan safety protocols and county regulations for public worship services. However, the county medical officer has advised us that public gatherings may nevertheless present an increased possibility of contagion even if safety precautions are taken, and therefore he has asked us to inform you that your participation may increase the risk for yourself and your family.

**In particular, if you are over the age of 50 or have a chronic or underlying medical condition, a gathering increases your risk of contracting the virus or if you do contract the virus it may have a greater chance of creating serious illness that could even result in death. If you fall into this high-risk category and/or if you feel sick, are displaying COVID-19 symptoms (especially fever, cough or difficulty breathing) or if any of these symptoms are being experienced by someone in your household, you should stay home. The church cannot guarantee that there is no risk of infection for attendees.**

Your signature below indicates that you understand these risks and agree to abide by all safety protocols and to follow all other instructions that may be given, and that you acknowledge the risks involved. This information will be kept confidential to the extent the law allows, and is protected from law enforcement and immigration authorities. Should you desire to share the mass time and date, it will help with contact tracing should the need arise.

Furthermore, you are acknowledging that you have answered **NO** to all of the questions below. If you answered yes to any of these questions, please do not enter the church and we recommend you to isolate or go home and contact you healthcare provider.

<b>1. In the last 10 days, have you been diagnosed with COVID-19 or had a test confirming you have the virus?</b>	
<b>2. In the past 14 days, have you had "Close Contact" with someone who was diagnosed with COVID-19 or had a test confirming they have the virus while they were contagious<sup>†</sup>?</b>	
† "Close Contact" means you had any of the following types of contact with the person with COVID-19 while they were contagious <sup>‡</sup> :	
<ul style="list-style-type: none"><li>• Lived or stayed overnight with them</li><li>• Was their intimate sex partner</li><li>• Took care of them or they took care of you</li></ul>	<ul style="list-style-type: none"><li>• Stayed within 6 feet of them for more than 15 minutes</li><li>• Exposed to direct contact with their body fluids or secretions (e.g., they coughed or sneezed on you) while you were not wearing a face mask, gown, <u>and</u> gloves</li></ul>
‡ Contagiousness: People with COVID-19 are considered contagious starting 48 hours before their symptoms began until 1) they haven't had a fever for at least 24 hours, 2) their symptoms have improved, AND 3) at least 10 days have passed since their symptoms began. If the person with COVID-19 never had symptoms, then they are considered contagious starting 48 hours before their test that confirmed they have COVID-19 until 10 days after the date of that test.	
<b>3. Have you had one or more of these symptoms today or within the past 24 hours which is <u>new or not explained by another condition</u>?</b>	
<ul style="list-style-type: none"><li>• Fever (100.4°F/38.°C or greater), chills, repeated shaking/shivering</li><li>• Cough</li><li>• Sore throat</li><li>• Shortness of breath, difficulty breathing</li><li>• Feeling unusually weak or fatigued</li></ul>	<ul style="list-style-type: none"><li>• Loss of taste or smell</li><li>• Muscle or body aches</li><li>• Headache</li><li>• Runny or congested nose</li><li>• Diarrhea</li><li>• Nausea or vomiting</li></ul>

**Personal Information**

*Optional:*    *Date & Time of Mass attending:* \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

and/or

E-mail address: \_\_\_\_\_

Names of Family Members Attending: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_                      Date: \_\_\_\_\_