

**COVID-19 Declaration and Consent Form  
for Entry to Siddha Yoga Meditation center in Chicago**

Date: \_\_\_\_\_  
Print Full Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

*Please complete the following questions and sign.*

1. Have you tested positive for COVID-19 in the last [10] days? Yes/No
  
2. Are you waiting for the results of a COVID-19 test? Yes/No
  
3. Have you experienced any of the following COVID-19 symptoms within the last 48 hours? Yes/No  
  
New continuous cough, high temperature, chills or fever, loss of or change in sense of smell or taste, shortness of breath or difficulty breathing, muscle or body aches, sore throat, nausea, vomiting, or diarrhea?
  
4. In the last ten days have you been exposed to a person who **recently** tested positive for COVID 19? Yes/No

**If you answered “Yes” to any of these questions, please do not attend at this time.**

**By signing this document, I affirm the following statements:**

- I verify that the information I have given is accurate, and I agree to comply with any COVID-19 measures in effect at the Siddha Yoga venue.
  
- I agree that I am personally responsible for my own health and well-being at all times when I attend a Siddha Yoga venue and will not seek to hold the venue or its leadership responsible for any health issues I may have or develop when attending the venue.

\_\_\_\_\_  
(Signature)