

## Checklist for Gatherings of 10 or less

Date and Time:

Group or Committee Gathering (name):

Total number of members attending:

Guideline	Please initial	Check when completed
Did you meet outdoors or indoors?	[ ] Outdoor [ ] Indoor	
Unisex only restroom used and disinfected?		
All chairs used disinfected?		
All doorknobs used disinfected?		
Any tables and/or mats used disinfected?		
Masks worn by all individuals present at all times?		
A 6 foot social distance maintained at all times?		
Did each member verify that they are free of symptoms, indicated below, prior to entry?		

Please be advised, we ask all members to not enter the building and to stay home if any of the below symptoms are being shown or felt by the individual:

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

Thank you for your continued efforts to keep our Members and Staff safe during this time.

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

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

Print or type name: \_\_\_\_\_

\*Please electronically send this form to Anne Wilson at [fellowship@uufwc.org](mailto:fellowship@uufwc.org) along with a list of all individuals/members that attended the meeting.