

COVID-19 DECLARATION

1. I'm partially *or* fully vaccinated Yes [] No []
2. I understand that it's important to stay home if I'm feeling unwell and not risk exposing others to infection Yes [] No []
3. I'll inform Delhi Rock immediately if I learn of exposure to Covid-19 amongst my family, friends, coworkers, etc. Yes [] No []

Name: _____

Date: _____

Signature: _____