



In the name of Allah, the Most Beneficent, the Most Merciful

LONG ISLAND MUSLIM SOCIETY, INC.

475 East Meadow Avenue, East Meadow, NY 11554 Tel: (516) 357- 9060

Please complete this COVID-19 affirmation each time you join salat at LIMS. Submit the completed form to Imam

Name:
Address:
Cell Phone number:

Please circle Yes/No as you answer the following questions

DO YOU HAVE ANY SIGNS OR SYMPTOMS ASSOCIATED WITH THE COVID-19 VIRUS.	Yes	No
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DO YOU HAVE A FEVER OR ABOVE NORMAL TEMPERATURE?	Yes	No
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HAVE YOU BEEN IN CONTACT WITH SOMEONE WHO HAS TESTED POSITIVE FOR COVID-19?	Yes	No
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HAVE YOU TESTED POSITIVE FOR COVID-19?	Yes	No
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HAVE YOU BEEN TESTED FOR COVID-19 AND ARE AWAITING RESULTS?	Yes	No
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By signing this document, I acknowledge that the answers I have provided above are true and accurate.

Signature

Date

LIMS USE ONLY:

Body Temperature: