



Due to the 2019-2021 outbreak of the novel Coronavirus (COVID-19), IIMC is taking extra precautions with the health and safety of IIMC members and staff at the 2021 IIMC Annual Conference to include health history review and procedures in compliance with Centers for Disease Control and Prevention (CDC) guidance.

Per CDC, symptoms of COVID-19 include:

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

By signing this form, you agree to the following:

- I understand the above symptoms and affirm that I, and any members of my party, do not currently have, nor have experienced the symptoms listed within the last 14 days.
- I affirm that I, and any members of my party, have not been diagnosed with COVID-19 within the past 30 days.
- I affirm that I, and any members of my party, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.
- I affirm that I, and any members of my party, have not traveled outside the country within the past 30 days.
- I understand that IIMC cannot be held liable for any exposure to the COVID-19 virus.
- **I agree, in good faith, to do my part to maintain the integrity of the health and safety regulations put in place by IIMC, conference hosting facilities and the local and state governing authorities.** This commitment includes:
 - Quarantining if I exhibit any of the symptoms listed above, test positive for COVID-19 or know I have been exposed to someone with COVID-19.
 - Wearing a mask in all public spaces and adhering to social distance and all other health and safety protocols.

By signing below, I agree to each statement above and release IIMC from any and all liability for unintentional exposure or harm due to COVID-19.

I understand that I must submit a signed form to participate in the 2021 IIMC Annual Conference, regardless of whether or not I have been vaccinated for COVID-19.

Printed name

Mobile number

Signature

Date