



MURUGAN TEMPLE OF NORTH AMERICA

வட அமெரிக்க முருகன் ஆலயம்

6300 Princess Garden Parkway, Lanham, MD 20706, USA

Phone: 301-552-4889 Fax: 301-552-5043 Email: info@murugan temple.org www.murugan temple.org



Murugan Temple of North America (MTNA) is doing everything we can to protect our devotees as well as our staff. To this extent, we will be following the Center of Disease Control (CDC) and local health department guidelines with regard to social distancing practices in order to reduce the spread of COVID-19. This requires:

- ALL to maintain six (6) feet of distance between one another, wear mask at all times, and wash hands on entry into the temple;
- ALL individuals to utilize masks to reduce the risk of exposure to yourself and others.
- Everyone to either wash or sanitize their hands upon entry into the temple, after using the restroom, sneezing, or coughing.
- Not to demand prasadam in any form.

By signing below, you agree to comply with the written instructions above. Failure to comply with these written instructions or verbal instructions from the manager may result in your removal from the premises.

Signature Name Date

Please answer the following questions. If the answer is yes to anyone of the question, **WE REQUEST YOU NOT TO ENTER THE TEMPLE.**

Do you have a fever or above normal temperature?	Yes	No
Have you tested positive for COVID-19?	Yes	No
Have you been in contact with someone who has tested positive for COVID 19?	Yes	No
Have you been tested for COVID-19 and are awaiting results?	Yes	No
Have you traveled outside the U.S. in the past 14 days?	Yes	No
Have you visited any "hot spot" areas in the past 14 days? Florida, Arizona, Texas, California, Louisiana, Mississippi, Tennessee, South Carolina, North Carolina, Georgia, Alabama,	Yes	No

I _____, on _____, 2020

- fully understand and acknowledge that MTNA is not responsible for my current or future illness
- have provided all information true.
- will notify the temple management (contactus@murugan temple.org) if I or anyone in my household test positive for COVID-19 in the next 14 days.

Signature Name Date

Email Address: _____

Phone Number: _____

Address: _____

Revised July 13, 2020

May Vallal Washington Murugan shower His Choicest Blessings on you and your family