

## CVRD QUALIFIED PARTICIPANT SELF-CERTIFICATION

Name: \_\_\_\_\_

I certify that I meet at least one of the following conditions:

(1) I was diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (referred to collectively as COVID-19) by a test approved by the Centers for Disease Control and Prevention (including a test authorized under the Federal Food, Drug, and Cosmetic Act);

(2) my spouse or my dependent was diagnosed with COVID-19 by a test approved by the Centers for Disease Control and Prevention (including a test authorized under the Federal Food, Drug, and Cosmetic Act); or

(3) I have experienced adverse financial consequences because:

(i) I, my spouse, or a member of my household was quarantined, furloughed or laid off, or had work hours reduced due to COVID-19;

(ii) I, my spouse, or a member of my household was unable to work due to lack of childcare due to COVID-19;

(iii) a business owned or operated by me, my spouse, or a member of my household closed or reduced hours due to COVID-19; or

(iv) I, my spouse, or a member of my household had a reduction in pay (or self-employment income) due to COVID-19 or had a job offer rescinded or start date for a job delayed due to COVID-19.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_