

**AuSable Huron Condominium Campground Association
911 State Street - Oscoda, Michigan 48750**

Co-Owner Mandatory Facility (Bathroom) Usage Log for the Purpose of Contact Tracing

Co-Owner Name and Unit # Please print	Date	See #1 below & then initial	Initial this box after cleaning bathroom usage per posted guidelines	Document Time In / Time Out
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1. By initialing column three and four above, I acknowledge that 1) I am not experiencing any COVID-19 symptoms; 2) I have not been exposed to anyone experiencing COVID-19 symptoms in the last fourteen (14) days; and, 3) I have not been exposed to anyone with a confirmed COVID-19 diagnosis within the last fourteen (14) days. ADDITIONALLY, I agree to notify the Board President or other Board of Director if I experience COVID-19 symptoms or have a positive COVID-19 test result within fourteen (14) days after use of this facility. I further understand that I am using this facility at my own risk.

Adopted by the Board of Directors on: _____ **Board Secretary Initial** _____