



**Journal of the Plague Year  
Consent Form**

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I have read the Letter of Information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.  YES  NO

I agree to be audio-recorded in this research.  YES  NO

I agree that the audio recording be archived at <https://covid-19archive.org/>.  
 YES  NO

Name of Participant

PRINT

Gwendolyn  
Way

SIGNATURE

*Gwendolyn  
Way*

DATE

July 29, 2020

Name of Person Obtaining Informed Consent.

My signature means that I have explained the study to the participant named above. I have answered all questions.

PRINT

Hope Gresser

SIGNATURE

*Hope Gresser*

DATE

July 28, 2020