

Health Screening

In an effort to continue to provide a safe community and prevent the spread of COVID-19, all **Shames JCC** ("JCC") employees, members, visitors, and guest arriving at the JCC must take stock of their health and potential exposures and take complete our Health Screening before coming to the JCC campus each day. You must then complete the certification section at the bottom of the form and submit it to the JCC prior to entering the area of the JCC.

If you are unable or unwilling to complete the Health Screening, you will not be permitted on site. If, prior to coming to the JCC, you feel ill or develop a fever of 100.4° Fahrenheit or greater, do not come to the JCC and instead contact Eric Hammermeister, Senior Director of Operations at ehammermeister@shamesjcc.org or (914) 366-7898 ext. 1140, so that we can take the necessary steps to assist you and minimize the spread of COVID-19 at the JCC.

Child Name: _____
(First) (Last)

Parent Email: _____

Select one of the Following that best describes yourself:

- I am a JCC MEMBER
- I am a JCC GUEST/VISITOR *(all Northeast Elite associated kids and coaches, please check here)*
- I am a JCC STAFF MEMBER

According to the U.S. Centers for Disease Control and Prevention & the World Health Organization, COVID-19 symptoms include: Fever or chills - New or loss of taste or smell - Cough - Sore throat - Shortness of breath or difficulty breathing - Congestion or runny nose - Fatigue - Nausea or vomiting - Muscle or body aches - Diarrhea Headache

Are you experiencing any of the COVID-19 related symptoms noted above?

YES NO

Are you living with or caring for an individual who is a suspected or confirmed case of COVID?

YES NO

Have you been in contact with anyone known or suspected to have COVID in the last 14-days?

YES NO

Have you tested positive for COVID-19 in the last 14-days?

YES NO

Have you traveled within a state on the DOH travel advisory list for longer than 24-hours within the past 14-days?

YES NO

I certify all the information provided is shared to the best of my ability

Parent Name

Signature

Date