



Welcome to the Merrick Jewish Centre

Please complete this form upon entry to the building.

This information will be used only if necessary for purposes of contact tracing in the event a congregant or guest should test positive for COVID-19.

I attest, by signing my name, to the following:

I/We do **NOT** have any of the following symptoms: Fever > 99.5⁰ F; shortness of breath, sore throat, body aches, chills, new loss of taste or smell.

I /We do not have any reason to believe I or anyone in my household has been exposed to COVID-19 and to the best of my/our knowledge have not been in close proximity to any individual who has tested positive for COVID-19.

Name (print) _____

Signature _____

Phone # _____ Email: _____

Date _____