



***In order to protect the health and safety of all of our members and guests, anyone attending services must complete the following:***

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

I have read and agree to abide by the ***Merrick Jewish Centre Guide to Re-Opening.***

I do **NOT** have any of the following symptoms:

Fever > 99.5° F; shortness of breath, sore throat, body aches, chills, new loss of taste or smell.

I have **NOT** traveled to any restricted States with a significant degree of community-wide spread of COVID-19 in the last 14 days.

No one in my household has had the following symptoms within the past 14 days:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea, vomiting or diarrhea

I 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 knowledge I have not been in close proximity to any individual who tested positive for COVID-19.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Date \_\_\_\_\_