

CONGREGATION B'NAI ISRAEL ENTRANT COVID-19 SCREENING

Name: _____

Phone Number: _____

As the coronavirus (COVID-19) pandemic continues, we are following the guidance from the Centers for Disease Control and Prevention and local health authorities. In an effort to prevent the spread of the coronavirus and reduce the potential risk of exposure, it is required to complete this Affirmation prior to entering the facility.

Please respond truthfully and to the best of your ability. Your participation is important to help us take precautionary measures to protect our CBI community.

Affirmation:

I am not currently experiencing, nor have I experienced in the past 14 days, any of the following symptoms (Please take your temperature before you answer this question.):

- Fever (100.4° F/37.8° C or greater)
- Cough
- Shortness of breath or difficulty breathing
- Sore throat
- New loss of taste or smell
- Chills
- Head or muscle aches
- Nausea, diarrhea, vomiting

In the past 14 days, I have not been in close proximity to anyone who was experiencing any of the above symptoms or who has tested positive for COVID-19.

In the past 14 days, I have not traveled outside of the United States or to any state identified as high community transmission locations by the State of New Jersey.

An updated list can be found at the URL below:

<https://covid19.nj.gov/faqs/nj-information/travel-and-transportation/which-states-are-on-the-travel-advisory-list-are-there-travel-restrictions-to-or-from-new-jersey>

By signing below, I affirm that the above is true and accurate to the best of my knowledge and release Congregation B'nai Israel from all liability for the unintentional exposure or harm due to COVID-19.

Signature: _____ Date: _____

Note: The information collected on this form will be maintained as confidential.