

Marlene Meyerson JCC Manhattan

Health Declaration Waiver

You are required to fill out this form on the same day as your reservation, in advance of your building entry, in order to ensure your answers are current when you arrive at the JCC. By completing this form, you are attesting to its truthfulness and recognize that the Marlene Meyerson JCC Manhattan reserves the right to restrict entry based on the answers you provide.

[Start](#)

Health Declaration Form

Name *

First Name

Last Name

Email *

Phone *

Have you experienced a fever of 100.4 degrees Fahrenheit or greater, a new cough, new loss of taste or smell, or shortness of breath within the past 10 days? * *

☐ Yes

☐ No

In the past 10 days, have you tested positive for COVID-19 using a saliva test or a nose or throat swab (not a blood test)? (10 days from the date you were tested, not the date you received the test result) *

☐ Yes

☐ No

To the best of your knowledge, in the past 14 days, have you been in close contact (within 6 feet for at least 10 minutes) with anyone while they had COVID-19? *

☐ Yes

☐ No

In the past 14 days, have you traveled internationally or returned from a state identified by New York State as having widespread community transmission of COVID-19 (other than just passing through the restricted state for less than 24 hours)? *

☐ Yes

☐ No

*Visit <https://coronavirus.health.ny.gov/covid-19-travel-advisory> for applicable states.

Health Waiver Covenant

I understand that close contact with other people increases my risk of infection from COVID-19, an extremely contagious virus that spreads easily through person-to-person contact. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Marlene Meyerson JCC Manhattan programs or accessing the MMJCCM facility could increase the risk of contracting COVID-19, and MMJCCM in no way warrants that COVID-19 infection will not occur through doing so.

By submitting this form, I acknowledge that I am aware of all risks involved and hold harmless, release, and forever discharge the MMJCCM, all of its officers, agents, employees, representatives, executors, and all others from any and all liability for the unintentional exposure or harm due to COVID-19.

I understand that my name and contact information might be shared with the NYS Department of Health in the event that a member of staff at the MMJCCM tests positive for COVID-19. My contact details will only be shared in the event they are relevant based on suspected exposure date, and only for appropriate follow-up by the NYS Department of Health.

If you answer yes to any of these questions you may not enter the JCC facilities at this time.

I agree to these terms and policies *

Initials

Submit Form