

COVID-19 DECLARATION FORM

Please note the following:

- This declaration form is mandatory for all members, guest and helpers visiting the Centre.
- A declaration form must be filled out for each daily visit.
- A declaration form must be completed for each family member who visits.
- If you have left any questions blank or answered yes to any questions, **you will not be given access to the Centre.**
- You will need to swipe your card on entry to the Jewish Community Centre.
- You will need to undergo mandatory temperature checking.

Name :			
Membership Number :			
Date of Visit (each daily visit requires a form) :			
Please answer each of the following questions truthfully with a Yes or No.	YES	NO	
Have you visited any overseas countries in the last 14 days?	<input type="radio"/>	<input type="radio"/>	
Have you been in close contact with any family members, friends. etc. who have visited any overseas countries in the last 14 days & are under quarantine?	<input type="radio"/>	<input type="radio"/>	
Have you knowingly had contact with any person who has been tested positive for an infection with the COVID-19 in Hong Kong or overseas?	<input type="radio"/>	<input type="radio"/>	
Have you had any symptoms of illness (such as cough, sniffles, sore throat, or fever)?	<input type="radio"/>	<input type="radio"/>	

I hereby confirm that I have fully read and understood the above questions and answered them truthfully.

Date: _____

Signature: _____

IMPORTANT: Please note if you have left any questions blank or answered yes to any questions, **you will not be given access to the Centre.**