

Shabbat Shalom and welcome to CBE!

I am here as a guest of the B'nei Mitzvah family and have been made aware of all guidelines and requirements.

I am a member of CBE and by checking this box I confirm that I am fully vaccinated or have tested negative for COVID-19 within the past three days.

CBE Health Screening for Building Entry

To assure the safety of everyone attending today's service, we require this form to be completed to confirm you have no symptoms of COVID-19 and to maintain contact tracing. This is being done solely for the purpose of protecting our community from potential spread of the virus.

This questionnaire must be completed no earlier than two hours prior to arriving at CBE.

Any results you get, and/or any directive you receive to stay home, does not constitute a diagnosis of COVID-19. Please consult CDC and health department websites for updated guidance.

1. Do you currently have a fever of 100.4 or higher?
2. Do you have a new or unusual cough, shortness of breath, or loss of taste or smell that started within the last 10 days?
3. In the past 10 days, have you tested positive for COVID-19 from a throat, nose or saliva swab? (Not an antibody test via a blood sample)
4. In the past 14 days, have you been in close contact (within 6 feet for at least 10 minutes) with anyone who tested positive for COVID-19?
5. In the past 14 days, have you traveled internationally? Or have you returned from a state that was 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)?

Select one of the following:

I answered "No" to all questions and can enter the building

I answered "Yes" to one or more questions. I am not allowed entry into the building

If you have answered yes to one or more of the questions, you are not permitted to enter the building. Please contact Alan Herman, CBE Executive Director, with any questions at: aherman@cbebk.org

Print Name _____

Sign Name _____

Date _____

Phone Number _____

Email _____