



Jewish
Family
Services

Northeastern New York

Volunteer Health Check-In Form

JFS is committed to the continued health, safety and well-being of its employees, volunteers, program participants and clients. All those who are vaccinated may be unmasked if they choose. *If unvaccinated, please remain masked.*

Please complete the following:

Name(s): _____

Date: _____

___ I am / We are vaccinated against COVID-19

___ I attest to feeling well and **not** having been knowingly exposed to COVID-19.

- ✓ By checking this box, all JFS volunteers, participants and constituents affirm they:
- Do not have a temperature over 100.4 degrees
 - Do not have cold or flu-like symptoms
 - Have not had a positive COVID-19 test in the last 14 days
 - Are not quarantined as mandated by NYS Dept of Health

Notes: _____

Please continue to maintain physical distance as appropriate and wash hands often.

Thank you!