GLEN ISLAND HARBOUR CLUB

COVID-19 HEALTH SCREENING

Name:

Address:

Email Address:

Phone Number:

Name of event: Fordham Prep Sr. Prom

Date:

Please read each question carefully

1. Have you experienced any of the following symptoms in the past 48 hours? YES ☐ NO ☐

fever or chills
cough or sore throat
shortness of breath or difficulty breathing
muscle or body aches
headache or fatigue
new loss of taste or smell
congestion or runny nose
nausea/ vomiting or diarrhea

2. Have you been in close physical contact in the last 14 days with anyone who is known to have laboratory- confirmed Covid-19 or anyone who has any symptoms consistent with Covid-19?
YES ☐ NO ☐

3. Have you traveled in the past 10 days? YES ☐ NO ☐

I hereby certify that my responses are true and correct:

x_____

Negative result of Covid-19 PCR or Rapid Test presented: Yes ☐ No ☐

Complete vaccination series at least 14 days prior presented: Yes ☐ No ☐

Managers Initials: