

## Al Haderech COVID Waiver

Thank you for completing this required form to reduce risks to all and comply with NYS Department of Health regulations and guidelines.

Name of Camper: \_\_\_\_\_

\_\_\_\_\_ I have not knowingly been in close contact in the past 10 days with anyone who has tested positive through a diagnostic test for Covid 19 or with an immediate family member who has a Covid 19 test pending due to their exposure.

\_\_\_\_\_ I have not tested positive through a diagnostic test for Covid 19 in the past 10 days.

\_\_\_\_\_ I have not experienced any symptoms of Covid 19 including fever (temperature of 100 degrees or greater) or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell sore throat, congestion, runny nose, nausea or vomiting, diarrhea