**Chappaqua Swim and Tennis Family Self-Declaration Form**

The health and safety of our employees, customers, families and visitors remains the top priority of CST.
As the Coronavirus situation continues to evolve globally, we’re asking you to complete this screening to help prevent the spread of or exposure to COVID-19. If you answer “yes” to any of the questions, we respectfully request you to reschedule your visit. If you answered no to all questions enjoy your stay but please follow the procedures that follow.

While in our facility, we ask you to exercise safe social distancing guidelines of 6-feet, avoid handshakes and abide by current health guidelines to frequently and thoroughly wash your hands. We also require everyone in our facilities to wear a cloth face covering in all areas, except while eating or drinking or in the pools or within your own immediate group. If you do not have a face covering, one will be provided to you.

 ONE PER HOUSEHOLD

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| **Member/ Renter Name: Please list all names** | **Mobile/Home Phone Number:** |
| **Address** | **E-mail** |
| **Name of Contact person in case of emergency** |
| **Phone number of Contact person in case of emergency-****( ) \_**  |

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| **SELF DECLARATION BY Member/Renter/Visitor/Employee** |
| **1.** | Have any of you 1) been diagnosed, 2) been in contact with someone who has been diagnosed or 3) been in contact with someone who may have been exposed to COVID-19 within 14 days of your visit to CST? **YES NO** |
| **2.** | Have any of you experienced a 1) cough or 2) a shortness of breath or difficulty breathing within 14 days of your visit to CST? **YES NO** |
| **3.** | Have any of you experienced at least two of these symptoms – 1) fever, 2) chills, 3) repeated shaking with chills, 4) muscle pain, 5) sore throat or 6) new loss of taste and smell – within 14 days of your visit?  **YES NO** |

If you answered “yes,” please defer your visit. If you answer “no,” please proceed. Thank you.

Please sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Access to CST facility (circle: **APPROVED / DEFERRED**)