

COVID-19 HEALTH DECLARATION

& MEMBER PLEDGE



Hunterdon Healthcare

Your full circle of care.

Hunterdon Health & Wellness Centers

Whitehouse Station • Clinton • Lambertville

Name: _____ Member Number: _____

Date: _____ Campus: _____ Reviewed by: _____

1. I have tested positive or have been presumed positive for COVID-19 in the last 14 days.

Yes No

2. I have been in close contact with someone diagnosed with or experiencing COVID-19 symptoms in the last 14 days.

Yes No

3. I pledge to not enter the Hunterdon Health & Wellness Center if I am currently experiencing or have experienced in the last 14 days one or more of the following symptoms:

Fever • Cough • Shortness of breath • Chills/shaking • Temperature above 100.4
Muscle pain • Vomiting or diarrhea • Sore throat • New loss of taste or smell

4. While visiting the Hunterdon Health & Wellness Center (HHWC), I pledge to:

- Maintain physical distancing of at least 6 feet at all times
- Maintain physical distancing of at least 10 feet with heavy physical exercise
- Wipe down all equipment before and after each use
- Limit time on cardio machines to 30 minutes
- Limit time in the Wellness Center to 90 minutes
- Use only one piece of equipment at a time, no "super-setting"
- Sanitize my hands upon entering and when leaving the Wellness Center
- Respect all Phased Guidelines to best ensure that the Hunterdon Health & Wellness Centers are able to remain open and enhance the well-being and quality of life for our members

I understand that the World Health Organization has declared COVID-19 a worldwide pandemic and that based on my responses in this Health Declaration & Member Pledge, the Hunterdon Health & Wellness Center may deny me entry to its facilities to protect the health and safety of the Hunterdon Health & Wellness Center community. I further understand that COVID-19 is highly contagious and believed to spread through person-to-person contact. While the HHWC may implement preventative measures to slow the spread of COVID-19, I understand that, given the nature of COVID-19, the HHWC cannot guarantee my safety or immunity from infection.

I understand that the Hunterdon Health & Wellness Center will maintain the confidentiality of the information I disclose within this Health Declaration and I agree to notify the HHWC if any of the information changes.

I certify that to the best of my knowledge the information I have provided in this Health Declaration is true and correct.

I certify that to the best of my ability I will abide by all HHWC guidelines and policies.

I certify that I will not visit the HHWC if I have been exposed to COVID-19 in the last 14 days and I will submit to screening questions at the front desk before every visit.

I understand that HHWC will cooperate with Public Health entities in accordance with New Jersey law and mandates.

Signature

Date

Printed Name

Date

Parent/Guardian (for minors under 18 years of age). I certify that I am the legal guardian of the above-named minor and I have read and fully understand this Health Declaration and agree with its terms.

Parent/Guardian Signature

Date

Printed Name

Date

2020-06 COVID-19 Health Declaration & Member Pledge Approved _____