

## Client Contact and Health Confirmation plus Liability Waiver

*Complete Sections I and II and have agency send copy to Career Closet in advance.  
Bring original to Career Closet, to be signed on location on date of appointment.*

### I. Contact Info, for Contact Tracing *(Please complete prior to leaving home.)*

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Text # \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Date of Appt \_\_\_\_\_

### II. COVID-19 “self-checker” *(Please complete prior to leaving home.)*

<i>Answers to all questions must be NO to attend Career Closet</i>	Yes	No
Have you been within 6 feet of a person with a lab-confirmed case of COVID-19 for at least 5 minutes, or had direct contact with their mucus or saliva, in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
In the last 48 hours, have you had any of the following symptoms?		
• Fever of 100 F (37.8 C) or above, or possible fever symptoms like alternating chills and sweating	<input type="checkbox"/>	<input type="checkbox"/>
• Cough	<input type="checkbox"/>	<input type="checkbox"/>
• Trouble breathing, shortness of breath or severe wheezing	<input type="checkbox"/>	<input type="checkbox"/>
• Chills or repeated shaking with chills	<input type="checkbox"/>	<input type="checkbox"/>
• Muscle aches	<input type="checkbox"/>	<input type="checkbox"/>
• Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
• Loss of smell or taste, or a change in taste	<input type="checkbox"/>	<input type="checkbox"/>
• Nausea, vomiting or diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
• Headache	<input type="checkbox"/>	<input type="checkbox"/>
Have you been contacted for potential exposure to COVID-19 in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been traveling in a country/region that is currently under restricted travel advisory by CDC or New York State in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>

### III. Confirmation and Waiver *(review prior to leaving home; sign at Career Closet)*

I confirm the truthfulness of the answers above, and my temperature is \_\_\_\_.

\_\_\_\_\_  
Witness

I have read the Detailed Protocols attached hereto and agree to the best of my ability to abide by them, including 6 ft social distancing and wearing a mask at all times. I understand that an inherent risk of exposure to COVID-19 exists in any public place where people are present and that COVID-19 is an extremely contagious disease that can lead to severe illness and death. I further understand that this risk may result from or be increased by the actions, omissions, or negligence of myself and others, including, but not limited to, Career Closet volunteers and other clients.

By visiting Career Closet and utilizing its services, I voluntarily assume all risks related to exposure or injury due to COVID-19 and waive all Covid-related liability and medical claims and rights against Career Closet Westchester Inc, against its volunteers, officers and directors including its Executive Director and Director, and against Briarcliff Congregational Church.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Waiver was discussed with the signer and the signer agreed that \_\_\_\_\_ Initial: \_\_\_\_\_  
they understood what they were signing and, therefore, agreeing to. \_\_\_\_\_ Signer \_\_\_\_\_ Witness