

## ALL VOLUNTEERS MUST COMPLETE THIS QUESTIONNAIRE BEFORE VOLUNTEERING INDOORS

## Please look over the following three questions and record your answers on the Volunteer Sign-In Sheet

1. Within the last 10 days have you been **diagnosed with COVID-19** or had a test confirming you have the virus?

2. Have you had close contact ("shared indoor airspace" for 15 minutes in a 24-hour period) in the past 10 days with someone who has been in isolation for COVID-19 or had a test confirming they have the virus?

3. Have you had any one or more of these **symptoms** today or within the past 24 hours, which is new or not explained by a reason other than possibly having COVID-19?

- $\Box$  Fever  $\geq$  100.4°\*
- □ Chills or Repeated Shaking/Shivering
- Cough
- Sore Throat
- □ Shortness of Breath, Difficulty Breathing
- Feeling Unusually Weak or Fatigued
- Loss of Taste or Smell
- Muscle pain
- Headache
- □ Runny or congested nose
- Diarrhea
- Nausea and vomiting

4. Temperature must be taken within 1 hour prior to building entry using personal or District-provided thermometer.

If you answer YES to any of these questions, you must alert the staff member on duty, leave the area and contact your healthcare professional.