COVID-19 SCREENING

For the health and safety of all, please answer the following questions honestly before beginning your volunteer service:

	Check One
1) Have you tested positive or been diagnosed by a healthcare professional for COVID-19 in the last 5 days?	Yes ___ No ___ If yes, STOP*
2) Have you experienced any of the following symptoms in the past 48 hours that cannot be explained by another medical condition: Fever or chills (fever = 100.4°F/38°C or above), cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea?*	Yes ___ No ___ If yes, STOP*
3) Have you been in close physical contact in the last 14 days with: • Anyone known to have laboratory-confirmed COVID-19?* OR • Anyone who has any symptoms consistent with COVID-19?*	Yes ___ No ___ If yes, and <u>if you are fully vaccinated or can show a negative PCR or Antigen test administered within 72 hours</u>, proceed to next question. Otherwise, STOP*
4) Can you show proof here and now that: • You are fully vaccinated against COVID-19? OR • You had a negative PCR or Antigen test administered within 72 hours	Yes ___ No ___ If no, STOP*

* If your answer led to a STOP at any question above, please go home and/or seek immediate medical attention.

Please show your **proof of your vaccination** (or negative PCR or Antigen test administered within 72 hours) at check-in to get your nametag.

Date: _____

Volunteer name: _____

Volunteer signature: _____

Guardian name: _____

Guardian signature: _____