

VOLUNTEER/VISITOR SCREENING TOOL

1. Have you had contact with anyone that you know has been diagnosed with COVID-19 in the last fourteen days?

- » *Contact is defined as being within 6 feet (2 meters) for more than 15 minutes with a person, or having direct contact with infectious fluids from a person with confirmed COVID-19 (for example being coughed on or sneezed on).*

2. Have you had a positive-COVID test for active virus in the past 10 days?

3. Do you have any of these symptoms that you cannot attribute to another condition?

- » *Fever or chills*
- » *Cough*
- » *Shortness of breath or difficulty breathing*
- » *Fatigue*
- » *Muscle or body aches*
- » *Headache*
- » *Recent onset of loss of taste or smell*
- » *Sore throat*
- » *Congestion*
- » *Nausea or vomiting*
- » *Diarrhea*

If the individual answers **YES** to any screening questions, or refuses to answer, they failed the screening.