

COVID-19 Volunteer Opportunity Questionnaire



ALL VOLUNTEERS MUST COMPLETE THIS QUESTIONNAIRE BEFORE ANY VOLUNTEER EVENT

If you answer yes to any of the following questions, do not attend the event.

1. Within the last 10 days have you been **diagnosed with COVID-19** or had a test confirming you have the virus?
2. Do you live in the same household with, or have you **had close contact** (<6 feet for >15 minutes) in the past 14 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?
 - Fever $\geq 100.4^{\circ}$ *
 - 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

If you answered yes to any of these questions, do not attend the event.
If you are already on-premise, leave the area immediately and contact your health professional and volunteer event organizer.