



VOLUNTEER COVID-19 SCREENING QUESTIONNAIRE

The safety of our volunteers is paramount. As the coronavirus (COVID-19) pandemic continues, we are following the guidance from the Centers for Disease Control and Prevention and local health authorities. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to our volunteer force, we require everyone to complete and submit this questionnaire prior to entering the worksite. Please do not enter the worksite until your responses have been reviewed and your entry has been approved.

Please respond to each of the following questions truthfully and to the best of your ability. Your participation is important to help us take precautionary measures to protect you and our other volunteers.

Name: _____

Phone Number (mobile/home): _____

Emergency Contact person: Name: _____

Phone: _____ Relationship: _____

- 1) Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms? (Please take your temperature at home before arriving to volunteer)
 - Yes No Fever (100.4° F/37.8° C or greater as measured by an oral thermometer.)
 - Yes No Cough
 - Yes No Shortness of breath or difficulty breathing
 - Yes No Sore throat
 - Yes No New loss of taste or smell
 - Yes No Chills
 - Yes No Head or muscle aches
 - Yes No Nausea, diarrhea, vomiting
- 2) In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?
Yes No
- 3) In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?
Yes No
- 4) Have you been tested for COVID-19 and are waiting to receive test results?
Yes No
- 5) Have you have tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms?
Yes No

6) In the past 14 days, have you been on a commercial flight or traveled outside of the United States?

Yes No

7) In the past 14 days, have you been in close proximity to anyone who has been on a commercial flight or traveled outside of the United States?

Yes No

8) Is there any reason why you feel you are at higher risk of contracting COVID-19 or experiencing complications from COVID-19 by entering the facility? If "yes", please provide a brief explanation.

Yes No

Explanation: _____

Certification

I hereby certify that the responses provided above are true and accurate to the best of my knowledge.

Signature: _____

Print Name: _____ Date: _____

Note: The information collected on this form will be used to determine only whether you may be infected with COVID-19. The information on this form will be maintained as confidential. Any questions should be directed to the Museum Director.

Access to worksite (circle one): Approved _____ Denied _____

Staff Initial _____ Date: _____