

NAME (Please Print)

DATE

***** FULLY VACCINATED VOLUNTEERS ONLY *****

1. Have you experienced any of these symptoms in the past 48 hours?

- | | |
|--|---|
| <input type="checkbox"/> fever or chills | <input type="checkbox"/> headache |
| <input type="checkbox"/> cough | <input type="checkbox"/> new loss of taste or smell |
| <input type="checkbox"/> shortness of breath or difficulty breathing | <input type="checkbox"/> sore throat |
| <input type="checkbox"/> fatigue | <input type="checkbox"/> congestion or runny nose |
| <input type="checkbox"/> muscle or body aches | <input type="checkbox"/> nausea or vomiting |
| | <input type="checkbox"/> diarrhea |

If yes to any, you CANNOT volunteer today. Please contact RotaCare. Otherwise proceed to Question 2.

2. Are you currently isolating or quarantining because you recently tested positive for COVID-19 or are worried that you may be sick with COVID-19?

- YES - You CANNOT volunteer today. Please contact RotaCare.
- NO - Proceed to Question 3.

3. Have you been in close physical contact in the last 14 days with:

Anyone who is known to have laboratory-confirmed COVID-19?

OR

Anyone who has any symptoms consistent with COVID-19?

- YES - Proceed to Question 4.
- NO - You are cleared to volunteer today. **Thank you!**

Close physical contact is defined as being within 6 feet of an infected/symptomatic person for a cumulative total of 15 minutes or more over a 24-hour period starting from 48 hours before illness onset (or, for asymptomatic individuals, 48 hours prior to test specimen collection)

4. Were you tested (with negative result) 5-7 days after your exposure with the close contact?

- YES - You are cleared to volunteer today. **Thank you!**
- NO - You CANNOT volunteer today. Please contact RotaCare.