**ROTACARE COVID-19 SCREENING FOR VOLUNTEERS**

---

**NAME (Please Print)** | **DATE**
---|---

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

1. **Have you experienced any of these symptoms in the past 48 hours?**
   - [ ] fever or chills
   - [ ] 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

   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.