



COVID-19 Daily Health Check - Volunteers

Prior To In-Home Environmental Assessment

Dignity at Home - Fall Prevention

First Name: _____ Last Name: _____

All volunteers and employees must self-assess symptoms daily prior to coming to work/volunteer. If you have ANY Symptoms in Question #1 or at least TWO Symptoms in Question #3, related to COVID-19 or are ill, stay home and take care of yourself. If you are experiencing any severe symptoms, consult your medical provider.

If you are reporting to work/volunteer or interacting with staff/volunteers/clients/participants, please complete the Daily Health Check with your supervisor upon arrival for your shift.

Please answer each question upon arrival of your shift.

Questions	Answers
1. Have you experienced any COVID-19 symptoms within the last 14 days? <input type="radio"/> Fever of 100+ <input type="radio"/> New Shortness of Breath <input type="radio"/> Abnormal Cough	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Morning Temperature, prior to assessment (self reported)	_____
3. Have you experienced TWO or MORE of these COVID-19 symptoms within the last 14 days? <input type="radio"/> Repeated shaking with chills <input type="radio"/> Diarrhea <input type="radio"/> New loss of taste/smell <input type="radio"/> Nausea and/or Vomiting <input type="radio"/> Sore throat	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. In the past 14 days, have you had a positive COVID-19 test	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Are you feeling ill today?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. If more than 1 person in the home: has anyone in your home experienced any COVID-19 symptoms within the last 14 days? <input type="radio"/> Fever of 100+ and/or chills <input type="radio"/> New Shortness of Breath <input type="radio"/> Abnormal Cough <input type="radio"/> Sore throat <input type="radio"/> New loss of taste/smell <input type="radio"/> Nausea, Vomiting, Diarrhea <input type="radio"/> A positive COVID-19 test	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered YES to any of the questions, you may not remain at work or place of volunteering.

The above information is true and accurate to the best of my knowledge.

Volunteer Signature: _____ Date: _____

Supervisors Initials _____