

COVID-19 SELF CHECKER

BEFORE REPORTING TO YOUR SHIFT, PLEASE CONFIRM THAT NONE OF THE RISKS BELOW APPLY TO YOU

IN THE PAST 14 DAYS

Have you had:

- A temperature at or above 100.4F or 38C?
- Cough, trouble breathing, shortness of breath, or severe wheezing?
- Chills or repeated shaking with chills?
- Muscle aches?
- Sore throat?
- Loss of smell or taste or a change in taste?
- Nausea, vomiting, or diarrhea?
- Headache?

Is anyone in your HOUSEHOLD experiencing any of these symptoms?

Have you been exposed to someone with COVID-19?

Have you traveled outside Maine?

Have you participated in indoor gatherings of people not part of your HOUSEHOLD, e.g.

- Been within 6 feet of each other for at least 5 minutes?
- Been sneezed on or coughed on?
- Shared eating or drinking utensils or other items?
- Hugged or kissed?

If you answered "NO" to all of these questions, you are cleared to volunteer today.

If you answered "YES" to one or more of these screening questions, you may not volunteer today. Please notify the Volunteer Manager via email: volunteer@preblestreet.org