

# 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 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](mailto:volunteer@preblestreet.org)**