

HEALTH SCREENING CHECKLIST



VOLUNTEER AND VISITOR HEALTH SCREENING CHECKLIST

If a volunteer or visitor answers "Yes" to any of the screening questions, they should be advised to go home, stay away from other people, and contact their health care provider.

Please answer "Yes" or "No" to each question. Do you have:

- Fever or feeling feverish?
- Chills?
- A new cough?
- Shortness of breath?
- A new sore throat?
- New muscle aches?
- New headache?
- New loss of smell or taste?