

## COVID-19 Screening Questions

1. Have you (for participating volunteers or parents)/has your child (for parents/caregivers of participating children)/or has anyone in your household had a fever of 100.4 °F or greater within the last 72 hours?
2. Have you (for participating volunteers or parents)/has your child (for parents/caregivers of participating children)/or has anyone in your household had any one or combination of other symptoms of COVID-19 within the last 72 hours? Possible symptoms include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle aches or pain, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.
3. During the previous 14 days, have you (for participating volunteers or parents)/has your child (for parents/caregivers of participating children)/or has anyone in your household been advised to self-isolate or quarantine by a doctor or health authority?
4. During the previous 14 days, have you (for participating volunteers or parents)/has your child (for caregiver/guardians of participating children)/or has anyone in your household been in contact with a person who has exhibited any symptoms of COVID-19? Possible symptoms include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle aches or pain, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.
5. During the previous 14 days, have you (for participating volunteers or parents)/has your child (for caregiver/guardians of participating children)/or has anyone in your household been in contact with a person who has tested positive for COVID-19 in the previous 14 days?

\*If the answer is “yes” to any of these questions, the participant should not be allowed to attend any meeting or activity.

For volunteers only:

6. Have you read and understood the required hygiene and cleaning guidelines?

