

## COVID-19 QUESTIONNAIRE

**Statement to Volunteers:** Please understand that you are answering these questions to the best of your ability and that none of us are medical professionals. If you answer “yes” to any of these questions, you will not be allowed to volunteer on Saturday. Please notify Farmers’ Market staff as soon as possible.

Volunteer name:

Date:

Please state “yes”, if you understand and agree to these comments.

1. Have you or someone in your household been ordered to quarantine or self-isolate by a healthcare provider related concerns of COVID-19?
2. Have you exhibited symptoms related to COVID-19 in the last 14 days?
  - a. Fever
  - b. Developed a new cough?
  - c. Are you having problems breathing?
  - d. Do you feel extra, abnormal pressure on your chest?
  - e. Are you abnormally fatigued or exhausted?
  - f. Have you had any other symptoms, including vomiting, sinus issues, etc.?
3. Has anyone in your household exhibited symptoms related to COVID-19 in the last 14 days?
  - a. Fever
  - b. Developed a new cough?
  - c. Are you having problems breathing?
  - d. Do you feel extra, abnormal pressure on your chest?
  - e. Are you abnormally fatigued or exhausted?
  - f. Have you had any other symptoms, including vomiting, sinus issues, etc.?
4. Have you had direct exposure to anyone who has tested positive for COVID-19?  
If yes, when?
5. To your knowledge, have you had 2<sup>nd</sup> hand exposure to anyone who has tested positive for COVID-19?
  - a. If yes, when?

Signature \_\_\_\_\_