



HEALTH QUESTIONNAIRE FOR COVID-19

Thank you for your heart to serve!
For the safety of our volunteers, staff, & those we serve, we would like to ask you a few questions before you begin working today.

NAME: _____

Temperature: _____

**Do you have any of the following symptoms?
Please circle YES or NO.**

- | | | |
|--|-----|----|
| Fever | yes | no |
| Cough | yes | no |
| Shortness of breath | yes | no |
| Traveled outside of the US
in the past 30 days | yes | no |
| Had close contact with someone
who tested positive for COVID-19 . . . | yes | no |



Fever



Cough



Trouble breathing

The above are some of the symptoms of COVID-19. If you have answered **YES** to any of the above symptoms, we may ask you to come back and volunteer on another day when you are feeling well. If you are experiencing any of these symptoms, please put on a mask, observe good hand hygiene practices, and contact your physician for further instructions on care.

Thank you for visiting the Mustard Seed Cafe!