



# RSVP

Lead with Experience

## CCRSVP Volunteer Questionnaire:

### COVID-19 Prevention

1. Have you had a fever above 100.4 degrees Fahrenheit in the past 14 days? YES \_\_\_\_\_ NO \_\_\_\_\_
2. If you have the means to take your temperature can you do so now and report your results? \_\_\_\_\_
3. Have you had a persistent cough in the past 14 days? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Have you or anyone in your household traveled outside of the country to any of the high risk areas in the past 30 days? YES \_\_\_\_\_ NO \_\_\_\_\_
5. Have you had contact with anyone with confirmed COVID-19 in the last 14 days? YES \_\_\_\_\_ NO \_\_\_\_\_
6. Have you been told by a healthcare professional that you should self-quarantine? If so, then please explain the reasoning. YES \_\_\_\_\_ NO \_\_\_\_\_

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7. Are you taking precautionary measures to lower you risk of becoming infected with COVID-19? YES \_\_\_\_\_ NO \_\_\_\_\_

**COVID Disclosure:** *The volunteer agrees to inform a staff member of Carroll County RSVP promptly if they test positive for or are diagnosed with COVID-19, and to stay home for the duration of the doctor recommended quarantine.*

Volunteer Name: \_\_\_\_\_ Date: \_\_\_\_\_