

Daily Health Questionnaire
The check-in volunteers will also do a
temperature check of each youth.

Have you:

- 1) had contact with anyone that has been diagnosed with COVID-19 *in the past 14 days?**
- 2) had a positive-COVID test for active virus in the past 14 days?**
- 3) had any of these symptoms that you cannot attribute to another condition?**

Fever or chills

Shortness of breath

Fatigue

Headache

Congestion

Diarrhea

Cough

Difficulty breathing

Muscle or body aches

Sore throat

Nausea or vomiting

Recent onset of loss of taste or smell

- 4) had contact with anyone that has been sick or experiencing the above symptoms in the past 14 days?**