

This document is based on the Department of Health and Human Services coronavirus (COVID-19) questionnaire

Are you experiencing these symptoms?

Fever (If you have a thermometer, take your own temperature. You are considered to have a fever if above 37.5°) YES NO

Chills YES NO

Cough YES NO

Sore throat YES NO

Shortness of breath YES NO

Runny nose YES NO

Loss of sense of smell YES NO

If you answered YES to any of the above questions you should not attend our activity but go and get tested for coronavirus (COVID-19).

If you answered NO to all the above questions, you are welcome to join us and thank you for volunteering.