



South Florida Council Volunteer Daily COVID Questionnaire.

Please answer “Yes” or “No” to the following four questions:

- ___ Are you feeling sick?
- ___ Do you have an elevated temperature (over 100) , or do you have any other symptoms of COVID?
- ___ Have you tested positive for COVID?
- ___ Have you been exposed to anyone in the last 14 days whom has COVID symptoms and has gone for COVID testing, or whom has tested positive for COVID?

If you are not able to work due to any illness, at any time that you were scheduled to be working, whether at home or at the office--- advise your immediate volunteer supervisor promptly.

_____ Volunteer Name

_____ Volunteer Signature

_____ Today's Date

Any YES answer to any question on the above questionnaire will require that you immediately advise your volunteer supervisor and leave the premises, and return home and stay home until such time that you can return to safeguard our entire staff and all families. Volunteer Supervisor must immediately notify Cliff Freiwald or a YES reply.