



Participant/Family/Caregiver/Volunteer PRE-SCREENING QUESTIONNAIRE

For the safety and security of all participants, families, caregivers and volunteers, EVERYONE is required to review this form prior to coming to the RVR lesson site. EVERYONE coming to the lesson site must have a body temperature less than 99.5°F. This is a self-assessment, so you are not required to bring the form with you.

STAY HOME if you answer YES to any of the below questions or you have a body temperature of 99.5°F or higher. Thank you!

1. Have you or anyone in your household had contact with any person suspected to have contracted coronavirus (COVID-19) within the last 14 days? Including being tested for COVID-19, & being in self-isolation for COVID-19 in the past 2 weeks (14 days)? **YES or NO**

2. Has the member/volunteer/caregiver or anyone in your household had contact with any person confirmed to have contracted coronavirus (COVID-19)? **YES or NO**

3. In the last 5 days have you or anyone in your household experienced flu-like symptoms:
 - Fever **YES or NO**
 - Cough or sore throat **YES or NO**
 - Difficulty breathing, shortness of breath or wheezing **YES or NO**
 - Muscle aches, stomach pains, vomiting or diarrhea **YES or NO**
 - Pink eye, red eyes, rash, fatigue or feeling unwell **YES or NO**

If you have any questions, please call 651-439-2558 and leave a message.