



HEALTH SCREENING ASSESSMENT

PLEASE PRINT CLEARLY

Please complete the assessment below. This evaluation assists us in determining your fitness to volunteer during the COVID-19 pandemic, allowing us to provide a safe environment for volunteers and staff. This form is required for every volunteer shift.

The information in this assessment is collected under the authority of FOIP section 33 (c) and will be used and disclosed solely for the purposes of determining fitness for work during the COVID-19 pandemic.

1	Do you have any of the below symptoms?	YES	NO
	<i>Fever (> 38°C)</i>		
	<i>Cough</i>		
	<i>Shortness of Breath / Difficulty Breathing</i>		
	<i>Sore Throat</i>		
	<i>Runny Nose</i>		
	<i>Additional flu-like symptoms</i>		
2	Have you tested positive for COVID-19 within the last 10 days?		
3	Have you been in close contact with anyone who has tested positive for COVID-19 within the last 5 days?		

If you indicate that you have any of the symptoms listed above or select “Yes” for any of the questions, you will not be permitted to volunteer at this time.

Volunteers must be in good health and pass a daily COVID-19 health screening assessment. Volunteers must be willing to comply with physical distancing protocols and additional health and safety measures as outlined by the leadership team.

By signing the form, I agree that all the above questions have been answered truthfully and accurately.

Volunteer Name
(Print)

Phone Number

Volunteer Signature

Date

Parent/Guardian Signature
(For youth ages 14-17)

Parent/Guardian Name
(Print)

Date: