



### EANE COVID-19 Participant Screening Questionnaire

To comply with current state requirements and to prevent the spread and reduce the risk of COVID-19 exposure to our workforce and visitors, we are conducting a simple participant screening. Your participation is required to help us take precautionary measures to protect you and everyone in this building. We appreciate your cooperation.

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

<b>YES</b>	<p><b>Do you have or recently had any of the following symptoms:</b></p> <ul style="list-style-type: none"> <li>• High temperature/fever equal to or greater than 100 degrees and/or feeling feverish?</li> <li>• Respiratory symptoms including shortness of breath, chills, nausea, fatigue, headache, muscle/body aches, runny nose/congestion not consistent with allergies?</li> <li>• Cough or sore throat?</li> <li>• Gastrointestinal (GI) issues, such as diarrhea or vomiting?</li> <li>• New Loss of taste or smell?</li> </ul>	<b>NO</b>
<b>YES</b>	<p><b>In the past 14 days, have you been in close contact (within 6 feet for 15 minutes or more) or come in direct contact with secretions (e.g., sharing utensils, being coughed on) with anyone (either a family member or otherwise) who has been confirmed or waiting on a COVID-19 test result?</b></p>	<b>NO</b>
<b>YES</b>	<p><b>In the past 14 days, have you been asked to self-isolate or quarantine by your doctor or a local public health official?</b></p>	<b>NO</b>
<p><b>If you answered YES to any of these questions, you will not be permitted into the building or allowed to participate in the training program.</b></p>		

By signing this questionnaire, I certify that my responses to the above-referenced questions are true; based upon my accurate and honest assessment of my own health condition and interactions with others. I recognize that this questionnaire is being administered during the COVID-19 Pandemic to help protect both my health and safety as well as that of my co-participants, EANE staff and facilitators.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_