

COVID-19 Mission and Training SCREENING SURVEY

Are you suffering from any coronavirus related symptoms or have you had any symptoms within the previous 7 days? Yes No

If Yes, check each one that applies:

- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Fever or chills

2. Have you (as far as you are aware) been in contact with anyone with coronavirus symptoms within the previous 14 days? Yes No

3. Do you agree to immediately report the onset of any symptoms or contact with anyone who has symptoms of the coronavirus? Yes No

4. Do you consent to having your temperature checked, wearing PPE, washing your hands and social distancing during the mission, including during travel and mission? Yes No

5. Have you or anyone in your household traveled outside of the country in the last 14 days? Yes No

6. Do you agree to alert the OMR and any other agencies involved in the mission if you test positive for Covid-19 before, during or within 14 days of mission? Yes No

Current Temperature _____ Time _____ Date _____

Full Legal Name _____

Signature _____ Date _____

STL or Mission leader _____