

BRIDGING THE GAP COVID-19 SCREENING

In light of Centers for Disease Control & Prevention recommendations for COVID-19, known as Coronavirus, Bridging The Gap is requiring volunteers and staff members to be asked the below questions before participating in Bridging The Gap's volunteer events. Volunteers will be emailed these questions 24 hours prior to their volunteer activity and must bring a printed and signed copy with them or complete a form onsite in order to participate. For the safety of our community, this screening is required for each volunteer shift and must be documented.

Questions to be asked to each volunteer and staff member prior to volunteer activity:

1. Have you had a fever greater than 100.4° Fahrenheit (38°C) within the last 24 hours?
2. Have you been within 6 feet for at least 30 minutes of a person who has tested positive for COVID-19 within the last 14 days?
3. Have you had new or unexplained onset of a combination of two (2) or more of the following symptoms in the last 3 days (not associated with an existing diagnosed condition):
 - A. Dry cough?
 - B. Shortness of breath?
 - C. Unexplained muscle aches?
 - D. Severe fatigue?
 - E. Stomach issues? (vomiting, diarrhea)
 - F. Loss of taste or smell?
 - G. Chills? Or repeated shaking with chills?
 - H. Sore throat?
 - I. Headache?

If you answer "Yes" to any of the 3 questions, you may not participate in a volunteer activity right now. If this is the case, please contact the Volunteer Program Manager to cancel your volunteer shift: volunteer@bridgingthegap.org or 816-561-1062. We would love to have you sign up to volunteer again, once you can answer "No" to all three questions.

Volunteer Name:		Volunteer activity and date:	
1.	Have you had a fever greater than 100.4° Fahrenheit (38°C) within the last 24 hours?	Yes	No
2.	Have you been within 6 feet for at least 30 minutes of a person who has tested positive for COVID-19 within the last 14 days?	Yes	No
3.	Did you answer yes to at least two (2) symptoms listed in A thru I.?	Yes	No

Volunteer Signature: _____ **Date/Time:** _____