



Metroparks COVID-19 Health Screening Form

Park Location/Department: _____ Date: _____

Volunteer Name: _____ Time In: _____

In the past 24 hours, have you experienced:

Fever of 100.4° F or higher, or a subjective fever (felt feverish) Yes No

Cough (excluding chronic cough due to known medical reason other than COVID-19) Yes No

Shortness of breath Yes No

At least 2 of the following symptoms: chills, repeated shaking with chills, runny nose or congestion, muscle pain, headache, sore throat, new loss of taste or smell, nausea, vomiting, diarrhea (excluding diarrhea due to know medical reason other than COVID-19), abdominal pain, and/or extreme fatigue. Yes No

If you answer “yes” to any of any of the symptoms listed above, or you have had a temperature that is 100.4° F or higher please do not go into work. Self-isolate at home and contact your physician’s office for direction. You should isolate at home for a minimum of 10 days since symptoms first appear. You must also have 3 days without fevers and a vast improvement in symptoms before returning to work.

In the past 14 days,

Have you traveled internationally? Yes No

If you answer “yes” you must self-quarantine at home for 14 days.

Have you had close contact with someone diagnosed with COVID-19? Yes No

If you answer “yes” please do not go into work. You must self-quarantine at home for 14 days after the last exposure following close contact with the COVID-19 positive person.

Exemptions include food-selling establishment (under EO 2020-109), and first responders (e.g., police officers, fire fighters, paramedics) (under EO 2020-36). These individuals may be allowed to continue to volunteer at the Metropark’s discretion. Workers must wear a mask at work for 14 days.

Do you have a face mask to use during the day? Yes No

If you answer “no” to this question notify and obtain a face mask from the Metroparks staff.

All Metroparks volunteers are required to have a face mask on their person for use in the event that they come into face-to-face contact with others (park patrons, employees, volunteers).

Completed by (initials) _____

** Completed forms should be stored securely daily in the volunteer file at the park **