



Symptom Survey

Please answer all questions before entering a 4-H in-person meeting. Your survey responses and personal information will not be saved or shared.

- 1. Do you have or have you had any of the following symptoms in the last 24 hours (not from a known or chronic condition)?**
 - a. Fever (100.0 F / 37.8 C or higher)
 - b. Cough
 - c. Shortness of breath
 - d. Loss of sense of taste or smell
 - e. Sore throat
 - f. Runny nose/sinus congestion
 - g. Diarrhea
 - h. Muscle pains/body aches
 - i. Headache
 - j. Unusual or severe fatigue
 - k. Eye redness with or without discharge
 - l. Nausea or vomiting
- 2. Have you tested positive for COVID-19 in the last 4 weeks (28 days)? Answer YES if you have had a test ordered but are waiting for an appointment or test result.**
- 3. Within the past 14 days, have you had a close exposure to someone who has a confirmed or presumed COVID-19 infection?**
- 4. Are you currently staying home due to illness or because you have been directed by your medical provider or a public health official to quarantine?**

If your answer is YES to any of the questions

You may have symptoms or have been exposed to COVID-19. You will not be allowed to enter the meeting. Please leave the premises and contact your medical provider.

If your answer is NO to all of the questions

You may enter the meeting. *Please follow all safety guidelines during the meeting.*