

Empowering Communities. Changing Lives.

COVID19 Health Screening Questionnaire:

The safety of our staff, volunteers, clients, visitors and their families remains our priority.

To aid in preventing the spread of COVID-19 and to reduce the potential risk of exposure to everyone, we are conducting a simple screening questionnaire for anyone who wishes to attend/volunteer at any of our events or enter into any of our offices. We ask that all volunteers/staff review this questionnaire prior to starting your assignment. All other guests, including clients and vendors, must also review this questionnaire prior to entering the building or participating in any event.

If you (staff person/volunteer/vendor/community partner) answer "yes" to any question(s), please do not enter any Urban League property or attend any Urban League event. Please immediately contact Keesha Strong, Vice President of Human Resources for further directives. Such staff persons or volunteers are expressly prohibited from entering any Urban League property or attending any Urban League event (and from entering any property to represent the Urban League) from the moment they respond "yes" until they have received expressed permission in writing from Ms. Keesha Strong to appear in-person.

If you are a visitor, guest, or volunteer and answer "yes" to any questions, please do not enter the building or participate in any event.

- 1. Have you had any of these symptoms of COVID-19 in the past 72 hours?
 - Fever (temperature of 100.4°F or higher) or feel as if you have a fever;
 - Cough that is unusual for you;
 - Shortness of breath (difficulty breathing);
 - Chills;
 - Muscle pain;
 - Sore throat:
 - New loss of taste or smell:

Yes	No
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2.	is under investigation for I in the past 14 days? (Note approximately 6feet (2 me contact can occur whole carea or room with a COVI	et with anyone you know that: was diagnosed with COVID-19; naving COVID19; or, is otherwise being tested for COVID-19 at the CDC currently defines close contact as (a) being within ters) of a COVID-19 case for a prolonged period of time, close aring for, living with, visiting, or sharing a healthcare waiting D-19 case-or-(b) having direct contact with infectious case (e.g., being coughed on).
	Yes	No
3.	Have you been diagnosed	with COVID-19?
	Yes	No
4.	Have you been advised to	self-quarantine by a health care provider in the past 14 days?
	Yes	No
5.	· · · · · · · · · · · · · · · · · · ·	countries outside the United States or to areas with a high risk outside of the St. Louis Metropolitan area in the past 14 days?
	Yes	No
-	think you have been expose care provider for medical ac	ed to COVID-19 and/or develop symptoms, please call your lvice.
		t that by answering "no" to all of the above questions I confirm a day that I enter any Urban League property, office, or event.