



On Project Questions During COVID-19

First Name _____

Last Name _____

Email address _____

Mobile number _____

What was your temperature reading today? _____

Please answer the following with YES or NO, to the best of your knowledge:

1. Are you currently experiencing any signs or symptoms of any type of sickness? _____
2. Have you experienced any cold or flu-like symptoms in the past 14 days (fever, cough, sore throat, respiratory illness, difficulty breathing)? _____
3. Have you been diagnosed (tested positive) with COVID-19 within the past month? _____
4. Are you under quarantine directed by a healthcare provider due to COVID-19 concerns? _____
5. Have you had contact with someone diagnosed with COVID-19? _____
6. Have you had contact with someone who had contact with someone diagnosed with COVID-19? _____
7. Do you have all required project supplies and PPE (mask, work gloves, hand sanitizer, sunscreen)? _____
8. Do you have enough food and water for the day (water totaling at least 3 liters, lunch and snacks)? _____

Signature _____

Date _____