



COVID-19 Coronavirus Screening Questionnaire

Dear Safe Families for Children (SFFC) Volunteers and Clients:

In an effort to protect the health and well-being of SFFC staff, volunteers, and clients as well as mitigate the spread of the COVID-19 Coronavirus, we ask that you complete the following screening questionnaire. This form must be completed prior to any SFFC hosting or family friend arrangement.

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Email: _____

Phone: _____

Has anyone in your household had any of the following symptoms of the COVID-19 Coronavirus within the past 14 days? Please refer to the CDC link for more information on prevention, symptoms, and testing: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Fever

Yes

No

Cough

Yes

No

Difficulty breathing or shortness of breath*

Yes

No

Persistent pain or pressure in the chest*

Yes

No

New confusion or inability to arouse*

Yes

No

Bluish lips or face*

Yes

No

* Emergency Warning Signs

Has anyone in the home had a temperature of 100.4° or higher in the last 72 hours? Yes No

Have anyone in the home been exposed to anyone who has tested positive for COVID-19? Yes No

Has anyone in the home, or anyone they've been in contact with, traveled outside of the state of Maryland within the past 14 days? If so:

Who: _____

When: _____

Where: _____

Who: _____

When: _____

Where: _____

Who: _____

When: _____

Where: _____

Who: _____

When: _____

Where: _____

The information shared above is truthful to the best of my knowledge.

Printed Name: _____ Date: _____

Signature: _____ Date: _____

SFFC Witness: _____ Date: _____

