JFS is working diligently to maintain the safety and well-being of all our clients, volunteers, staff, and visitors. In an effort to do so, we ask that you complete this questionnaire before entering our offices.

We appreciate your cooperation and support.

NAME: _____________________________ DATE: ____________

HEALTH QUESTIONNAIRE
(Please Circle Answers)

1. Have you been in close contact with a confirmed case of Coronavirus/COVID-19?  
   YES  NO

2. Have you traveled to a country or region with a spread of Coronavirus/COVID-19?  
   YES  NO

3. Do you work in a hospital or healthcare setting where patients with Coronavirus/COVID-19 are being treated?  
   YES  NO

4. Do you have a cough?  
   YES  NO

5. Are you experiencing shortness of breath?  
   YES  NO

6. Are you having difficulty breathing?  
   YES  NO

7. Have you had a fever in the past 48 hours?  
   YES  NO

THANK YOU FOR HELPING JFS REMAIN HEALTHY!
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