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 in the past 30 days? YES NO

2 Have you traveled to a country or region with a spread of Coronavirus/COVID-19 in the past 30 days? YES NO

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

4 Have you experienced any of the following in the past 48 hours, that are NOT associated with a pre-existing medical condition/diagnosis? YES NO
   - Cough
   - Shortness of breath
   - Difficulty breathing
   - Fever

THANK YOU FOR HELPING JFS REMAIN HEALTHY!
www.jfsdelaware.org • 302-478-9411