Home Pre-Appointment Daily Health Questionnaire

1) Since your last visit to Goodwill, have you had any of these symptoms?
   a. A fever (100.4°F or higher)
   b. Shortness of breath or difficulty breathing
Or at least two of these symptoms
   c. Fever or Chills
   d. Cough
   e. Fatigue
   f. Muscle or Body Aches
   g. Headache
   h. Sore Throat
   i. New loss of taste or smell
   j. Congestion or Runny Nose
   k. Nausea or Vomiting
   l. Diarrhea

If “YES”, Do NOT go to Goodwill, and call your Goodwill contact to communicate your information.

2) Have you had Close Personal Contact with anyone who has been diagnosed with COVID-19 in the past 10 days?
   a. Within 6 feet for a prolonged period of time?
   b. In close contact with infectious secretions; such as being coughed on or sneezed on?

If “YES”, Do NOT go to Goodwill and call your Goodwill contact to communicate your information.

3) Temperature Checks:
   a. If temperature is equal or higher than 100.4°F

If “YES”, Do NOT go to Goodwill and call your Goodwill contact to communicate your information.