

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.