DNCR Volunteer Program
Individual COVID-19 Screening Questionnaire

Form last updated 02.16.2021

DNCR Volunteers must be screened each time they volunteer on a DNCR managed property as outlined in the Universal Guidance for All New Hampshire Employers and Employees. Individuals working within a group of 10 people or less must complete this questionnaire each time they volunteer. Completed screening questionnaires must be returned to the Volunteer Program Manager by mail or email. Please respond to the following questions by circling 'YES' or 'NO':

Have you been in close contact with a confirmed case of COVID-19?	Yes	No
Have you had a fever or felt feverish in the last 72 hours?	Yes	No
Are you experiencing any respiratory symptoms that include a runny nose, sore throat, cough, or shortness of breath?	Yes	No
Are you experiencing any new muscle aches or chills?	Yes	No
Have you experienced any new change in your sense of taste or smell?	Yes	No

Volunteers performing trail maintenance do not need to have their tempatures taken on-site. Normal temperature should not exceed 100.00 degrees Fahrenheit. **If you answered 'YES'** to any of the screening questions or have a fever go home and seek medical advice. **DO NOT Volunteer**.

_____ _____ Yes / No

Volunteer's Name DNCR Property Temp. taken on-site (circle one)

_____ _____ _____

Screener's Name Screener's Signature Date

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