ATHENS AREA
HOMELESS SHELTER

AAHS COVID-19 Questionnaire

1. Have you or anyone in your household had any of the following symptoms in the last 10 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever at or greater than 100 degrees Fahrenheit?
   - ☐ Yes
   - ☐ No
2. Have you or anyone in your household tested positive for COVID-19 (at home or testing site) in the past 10 days?
   - ☐ Yes
   - ☐ Unsure, awaiting results
   - ☐ No
3. Have you or anyone in your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19 in the past 10 days?
   - ☐ Yes
   - ☐ No
4. Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19 in the past 10 days?
   - ☐ Yes
   - ☐ No

Please answer honestly and to the best of your ability. If yes or unsure to any of the above questions, entry to our building and volunteer opportunities are prohibited until you are able to answer "no". Thank you for your cooperation to keep our shelter environment healthy and residents safe!

Name: _____

Volunteer Opportunity: _____

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