Esperança

Bringing Hope • Providing Health • Transforming Communities

2021 Self-Certification Survey

If you are not feeling well, please stay home.

Date: _____

Name: _____

Phone: _____

	Question	Yes	No
1	Have you experience any COVID-19 symptoms in the last 48 hours? Symptoms include fever or chills, cough, shortness of breath, fatigue, headache, muscle or body aches, sore throat, congestion or runny nose, loss of sense of taste or smell, nausea or vomiting, and diarrhea.		
2	If you have not been tested or you tested negative, please check No. If any of the statement below is NOT true, please check Yes If you were tested and the result was positive, has it been more than 10 days since your symptoms first appeared AND have you been fever free without the use of medication for more than 24 hours AND have other systems improved? • Date Tested Positive: _____ • Date Symptoms began: _____		
3	Are you caring for or living with someone that is currently experiencing or has recently experienced Covid-19 or its symptoms?		
4	Have you or anyone in your household been exposed to someone who has tested positive for COVID-19 or shown symptoms of COVID-19 in the last 7 days?		
5	Have you had a temperature of 100.4 degrees or higher in the last 3 days?		

Please be advised that Esperança will follow all state and local laws regarding self-quarantine.

The safety of our staff and volunteers is our primary concern.

If you answered yes to any question above, please stay home. Thank you for helping keep our community safe.