

THE NATURE CONSERVANCY DAILY SELF-CERTIFICATION HEALTH QUESTIONNAIRE RELATING TO  
COVID-19 SYMPTOMS – FOR THIRD PARTIES

**Instructions:** All individuals engaging in work with TNC employees or volunteers in groups of 2 or more must review all of the following questions at least once a day to determine if they may have symptoms of COVID-19 and to enable TNC to follow proper precautions. **This self-certification must be done daily before conducting any group work (2 or more).** The intent of this document is to identify any unexplained or new symptoms that could indicate possible COVID-19. It is not intended to cover recurring symptoms that are solely related to other health conditions (e.g. allergies). With these caveats, if the answer to any question is YES, you must alert your TNC contact listed below and contact your medical provider. In no event should you engage with any TNC employee or volunteer, or if you are already at a TNC location or event, you must stop work and go home. We thank you in advance for your transparency and cooperation to maintain a safe and healthy work environment.

**Privacy:** Maintaining privacy of an individual’s health information is critical. TNC only collects enough information to make sure we provide everyone with a safe workplace during the COVID-19 pandemic. For this reason, you should not provide any information that is not specifically requested by this questionnaire. For detailed information about how TNC will use and handle your information from this daily questionnaire, you may request the full the TNC Daily Self-Certification Health Questionnaire Privacy Notice. Concerns about safety can be reported to your TNC contact and/or the TNC Office of Ethics & Compliance.

**In the past 24 hours, have you experienced:**

Fever (100.4 degrees F or higher):

- Yes
- No

Chills:

- Yes
- No

Repeated shaking with chills:

- Yes
- No

Fatigue:

- Yes
- No

Persistent Dry Cough:

- Yes
- No

Muscle or Body aches:

- Yes
- No

Sore throat:

- Yes
- No

Diarrhea, nausea or vomiting:

- Yes
- No

Headaches:

- Yes
- No

Shortness of breath or difficulty breathing:

- Yes
- No

Persistent pain or pressure in the chest:

- Yes
- No

New loss of taste or smell:

- Yes
- No

New confusion or not able to be woken:

- Yes
- No

Bluish lips or face:

- Yes
- No

Have you felt sick:

- Yes
- No

