



Covid-19 Questionnaire

Spring 2021

Participant Name _____
First Name Last Name

Potential Covid-19 Symptoms:

- Elevated temperature or fever of 100.4° F or higher
- Cough or sore throat
- Vomiting or diarrhea
- Shortness of breath and/or difficulty breathing
- Loss of smell and/ or taste
- Fatigue, muscle aches, chills, or shaking
- Persistent headaches

In the last 14 days, have you experienced or displayed any of the known symptoms of COVID-19? (symptoms listed above)
 Yes No

In the last 14 days, have you had close contact with anyone who is either confirmed or suspected of being infected with COVID-19, including anyone who was experiencing or displaying any of the known symptoms of COVID-19? (symptoms listed above)
 Yes No

Have you been vaccinated for Covid-19?

- Yes, I have received both doses of the vaccine
- Yes, I have received one dose of the vaccine, I am waiting for my second dose. Date of 2nd dose: _____

If you have not yet been vaccinated, do you plan to get vaccinated?

- Yes No

What practices do you use to remain safe during the Covid-19 pandemic? (check all that apply)

- I consistently wear a mask when I am exposed to individuals from outside my household.
- I practice social distancing as much as possible when I am outside my home.
- I wash hands regularly.
- I do not share food, personal hygiene or items that could spread the virus with individuals outside of my household.
- I only go out of my home for essential activities (e.g. grocery shopping, exercise).
- I only socialize with a limited circle of individuals outside of my household. My social bubble is 5 or less.
- I do not go to small group, indoor gatherings.
- I do not go to large group gatherings, either indoor or outdoor.
- I do not go to restaurants, bars or fitness centers.
- All care providers who come in and out of my home practice appropriate pandemic safety measures - mask usage, hand washing, etc.
- I do not do any of the above.

To finish registering, please make sure that you have also completed:

- The appropriate Registration Form: Field Trip Registration OR Line Dancing Registration
- Clallam Mosaic In-Person Code of Conduct
- Clallam Mosaic Covid-19 Liability Release Waiver