**2021 Unsheltered Point in Time Count  
COVID-19 Screening Form for Staff and Volunteers**

Staff and volunteers participating in the 2021 Point in Time Count: Please complete within 24 hours of Point in Time Count date and submit to your county unsheltered coordinator.

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TODAY’S DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **PLEASE READ EACH QUESTION CAREFULLY** | **PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU** | |
| Have you experienced any of the following symptoms in the past 48 hours:   * fever or chills * cough * shortness of breath or difficulty breathing * fatigue * muscle or body aches * headache * new loss of taste or smell * sore throat * congestion or runny nose * nausea or vomiting * diarrhea | **YES** | **NO** |
| Within the past 14 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with:   * Anyone who is known to have laboratory-confirmed COVID-19?   OR   * Anyone who has any symptoms consistent with COVID-19? | **YES** | **NO** |
| Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19? | **YES** | **NO** |
| Are you currently waiting on the results of a COVID-19 test? | **YES** | **NO** |
| **NOTE REGARDING TEMPERATURE:** If possible, we ask that you take your temperature within 24 hours on Point in Time Count date. ***If temperature was taken, please indicate your temperature in the box to the right.*** | **Temperature: \_\_\_\_\_\_\_\_\_\_\_\_** | |

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| Did you answer **YES** to **ANY QUESTION?**  Is your temperature **100.4 or greater?** | If so, we kindly request that you *not participate* in conducting the 2021 unsheltered PIT Count due to COVID-19 safety concerns. Thank you for helping us protect you and others during this time. |