



## COVID-19 Health Questionnaire

### Return to or start of work with MCC

In the interest of the health and wellbeing of MCC members, staff and the communities in which we serve, we must stress the importance of answering the questions honestly and completely. A "yes" answer does not automatically disqualify you from participation. It enables us to work together proactively to create a plan and manage risks effectively.

Are currently you experiencing any symptoms of Covid-19? Yes  No

If yes, please describe your symptoms:

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Have you spent time in the last 7 days with anyone who has tested positive for COVID-19?

Yes  No

10 days prior to the start of your term or during your time off, have you engaged in any behaviors that would put you at greater risk for exposure to COVID-19?

Yes  No

Examples of Behaviors that may put you at higher risk:

- Gathering indoors with people not from your household/"bubble", without a mask or social distancing
- Eating or drinking in an indoor bar/restaurant
- Attending large indoor events or outdoor events where social distancing is not possible
- Working out in a gym or participating in indoor fitness classes, where masks are not mandated
- Traveling unmasked in a vehicle, with people outside your "bubble" for more than 15 minutes

Any additional information you would like to share? \_\_\_\_\_

I verify that the information I have provided on this form is true to the best of my knowledge on the date signed below

Name: \_\_\_\_\_ Region: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_