



Dear Volunteer Name: _____

-Background information: In order to protect the health and safety of our employees, patients and visitors, all entering Nuvance Health organizations are requested to perform a self-screening for Covid-19 symptoms prior to report for every workday and every shift at any Nuvance Health location. The screening must be performed prior to every entry into a Nuvance Health location. A one-time written attestation, affirming that the person will complete the required self-screening, must be completed by all contractors/vendors/ entering Nuvance Health.

-If the contractor/vendor/ fails the self-screening, they must notify the appropriate supervisor of the failed screening to advise them that they are not eligible to report to work. Such notifications must be in accordance with existing policies for reporting an inability to report to work as scheduled.

Please answer yes or no to each question :		YES	NO
New OR Worsening <ul style="list-style-type: none"> • Cough • Shortness of breath • Shaking Chills • Severe muscle pain • Loss of taste • Loss of sense of smell 	Unexplained: <ul style="list-style-type: none"> • Headache • Sore throat • Congestion/runny nose Nausea/vomiting/diarrhea 		
I have received the training on the symptoms of Covid-19. I will self-monitor for COVID-19 symptoms and screen myself for such symptoms before each shift.			
I will wear a mask consistent with Nuvance Health Universal Mask Policy at all times while on the property.			
I will not enter the workplace if I have a fever greater than 99.5 Degrees Fahrenheit.			
I will not enter the workplace if I have had a fever greater than 99.5 degrees Fahrenheit within the past 24 hours.			
I will not enter the workplace if I have had a fever greater than 99.5 degrees Fahrenheit within the past 24 hours and have reduced to below 99.5 degrees by taking any fever reducing medications within the past 6 hours			
I will not enter the workplace if I have the following COVID-19 related symptoms listed under new or worsening and unexplained			
I will not enter the workplace if I have a history of recent travel within the past 14 days to any country with a positive COVID-19 test rate identified as high risk by the CDC and have not followed the current state executive order regarding quarantine and or testing.			
I will not enter the workplace if I have been notified and ask to self-quarantine because of an exposure to someone with COVID-19			
I will not report to work if I have been diagnosed with COVID-19, or if I have been told by a licensed healthcare provider that I am suspected to have COVID-19, until I meet Nuvance Health return to work criteria			
I will not report to work if I have a COVID test pending. Exception: screening required for travel, screening for medical procedure, or required for another regulatory agency or for work in the absence of COVID-19 symptoms or a known exposure.			

Volunteer's Printed Name: _____

Volunteer's Signature: _____ Date: _____

Nuvance Health Manager, please file this COVID-19 Self-Monitoring Documentation with the volunteer's personnel record.