

Meals on Wheels (MOW) Volunteer Attestation Form
 COVID-19 Precautions – Self-Screening
 11/25/2020



In order to keep our volunteers and recipients safe we ask that you answer the following questions prior to each of your scheduled shifts with Meals on Wheels.

Name			
Church/Group you're volunteering with			
Contact Info (required for contact tracing)	Email	Phone	
<i>After you've finished volunteering:</i> I have answered the questions below to the best of my knowledge.	Initials	Date	

Please put each day you are scheduled to deliver meals under the "Date". The additional columns are for those delivering more than once.

In the past 14 days , or since your last scheduled delivery, have you experienced one or more of these symptoms or situations?				
Question	Date	Date	Date	Date
1. Traveled outside the local area to a location that might be considered a "hot spot"?	Yes No	Yes No	Yes No	Yes No
2. Been in contact with a person who has been diagnosed with this virus?	Yes No	Yes No	Yes No	Yes No
3. Had a temperature at or above 100.4 degrees, or reason to be concerned you may be developing a fever?	Yes No	Yes No	Yes No	Yes No
4. Experienced new cough, shortness of breath, sore throat, chills, muscle aches, or new loss of taste or smell that you cannot attribute to another health condition?	Yes No	Yes No	Yes No	Yes No

After you have completed all the dates you are scheduled to deliver Meals on Wheels, please return this completed form to your group coordinator. Your coordinator will then forward it to the Executive Director, Pullman Community Council on Aging.

Thank you for volunteering and for taking the virus precautions seriously.

Pullman Community Council on Aging

- ◆ Meals on Wheels
- ◆ Senior Chore Service
- ◆ Guide to Senior Services

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