

## VOLUNTEER HEALTH STATEMENT AND ACKNOWLEDGEMENT

McHenry County is taking a number of safety-related steps to help prevent the spread of COVID-19 and to help safeguard our employees, volunteers, and others. Volunteers are required to complete and submit this form in addition to the Volunteer Consent Form.

- \_\_\_ I have NOT traveled to or returned from a foreign country or a state other than Illinois in the last 14 days.
- \_\_\_ I have NOT had close contact with, cared for, or live in the same household as someone infected, suspected, or diagnosed with COVID-19 within the last 14 days.
- \_\_\_ I do NOT have pending COVID-19 test results and am not currently diagnosed as having COVID-19, nor have I been asked to self-quarantine for COVID-19.
- \_\_\_ I am NOT currently experiencing a fever with a cough and/or shortness of breath and/or persistent pain in the chest.
- \_\_\_ I understand the precautions McHenry County has in place and I am choosing to volunteer today.
- \_\_\_ I understand that should I feel uncomfortable at any point during my shift, I am welcome to leave.
- \_\_\_ I understand it is my responsibility to follow the McHenry County guidelines (based on Centers for Disease Control and Prevention recommendations) to wash my hands before and after shifts, to use personal protective equipment when required, and to practice social distancing while volunteering.
- \_\_\_ I understand that if at any time I do not follow the recommendations stated above, I may be asked to leave.

\_\_\_\_\_  
Volunteer First & Last Name (PRINT)

\_\_\_\_\_  
Volunteer Signature & Date

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Primary Phone Number