

COVID-19 Self-Assessment

At Sherwood, we are committed to our community's health and well-being.

We are requesting that all community members truthfully complete the below COVID-19 self-assessment before receiving any in-person services or engaging in-person with a Sherwood team member. These measures are to help protect our entire staff, clients and community members. The information will not be used for any other purpose. Remember, promoting a safe and healthy community is everyone's responsibility.

Thank you for your cooperation.

Self-Assessment

(Should be conducted before you engage in Sherwood business outside your home.)

Since my last Self-Assessment, I have had:

- | | |
|---|---|
| <input type="checkbox"/> A positive COVID-19 diagnosis | <input type="checkbox"/> Repeated shaking with chills |
| <input type="checkbox"/> A temperature of 100° F / 37.7° C or above | <input type="checkbox"/> Muscle Pain |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Shortness of breath / difficulty breathing | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Chills | <input type="checkbox"/> New loss of taste or smell |
| <input type="checkbox"/> Diarrhea | |
- I have been in close contact with an individual with a positive diagnosis with COVID-19. Close contact means within 6 feet for more than 10 minutes.
- A health care provider or public official has recommended or required me to quarantine for any reason related to COVID-19.

I did not check any boxes above:

I am ready to meet with a Sherwood team member.

I checked one or more boxes above or I'm experiencing mild symptoms:

I may be unable to meet with a Sherwood team member. I will call Sherwood to reschedule my appointment or meet with a team member virtually. I will contact my physician and arrange to be tested per new CDC recommendations.

