

COVID-19 Vulnerability Assessment

This document is designed to assess your general risk for COVID-19. These are general questions to help determine if you are at increased risk of being sick now with COVID-19 or have increased risk of becoming sick with COVID-19 during the reopening of our day services. If you are at increased risk you may be asked to delay your return to our day program to a later Stage, you may be asked to get tested for COVID-19 before attending day services, or be asked to see your physician. This document is not intended to be a substitute for medical advice or services. We urge anyone who has questions about their health and their vulnerability to COVID-19 to seek consultation with their medical doctor. Your day service location will need to receive this form prior to your attending the reopening of your day service.

Please do your best to answer these questions to the best of your ability with help from caregivers, family, guardian or medical professional.

Questions – Circle the answer

I recently had a fever, sore throat, cough, headache, shortness of breath, fatigue, muscle or body aches, loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea	Yes	No
I have felt sick lately	Yes	No
I was recently exposed to someone with COVID-19	Yes	No
I have recently traveled outside of the Jacksonville area	Yes	No
I have a medical condition(s) that place me at higher risk for COVID-19	Yes	No
I take public transportation to day services	Yes	No
I have recently been in crowds with no masks or social distancing	Yes	No
I have difficulty understanding social distancing	Yes	No
I have difficulty washing my hands	Yes	No

I have much difficulty not touching my face	Yes	No
I have difficulty wearing a face mask	Yes	No
I have difficulty not touching people	Yes	No
I have moderate to severe asthma	Yes	No
I have chronic lung disease	Yes	No
I have diabetes or serious heart condition	Yes	No
I'm treated with dialysis for kidney problems	Yes	No
I am severely obese	Yes	No
My immune system is compromised	Yes	No
I have liver disease	Yes	No

All applicable signatures need to be present before a Client can participate in reopening stages.

Client's Name _____ Date ____/____/____

Client's Signature _____ Date ____/____/____

Guardian's Name _____ Date ____/____/____

My Guardian's Signature _____ Date ____/____/____

Residential Provider's Name _____ Date ____/____/____

Residential Provider's Signature _____ Date ____/____/____