HEALTH DECLARATION FORM

We are grateful for your partnership with us to provide a safe and healthy clinical environment. This completed form is required upon entry and will be collected by your IMR Clinic Director at your arrival. This form should be completed prior to your arrival in-country.

Full Name: _____

Country Serving with IMR: _____

Dates of Mission with IMR: _____

Email Address/ Phone Number:_____/ _____

Prior to your arrival, please complete the steps listed on this required form. Be sure to have this form available to give to your IMR Clinic Director.

14- DAY LIMITED EXPOSURE/SOFT-QUARANTINE: We ask that you consciously restrict your movements with people who are exposed to respiratory diseases, practice physical distancing, wear a face covering when you are with people who are not part of your household, exercise frequent handwashing, avoid large crowds/gatherings, and limit unnecessary travel. Physical distancing is the practice of staying at least 6 feet away from others. Other tips to help you stay safe are:

- *When and if possible, work from home*
- *Avoid hosting visitors*
- *Visit others electronically instead of in person*
- *Don't share utensils or towels*

Please check off each day of Limited Exposure/Soft Quarantine below:

DATE:														
CHECK:														

I have completed a 14-day limited exposure/soft-quarantine:

Sign: _____

7-DAY DAILY TEMPERATURE CHECK:

As part of your partnership with us, for seven days prior to your arrival, you are required to take and record your temperature. For your convenience, please use the space provided below to complete this task. We ask that you do this at the same time each day.

DATE:	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
TEMP:							

I have completed daily temperature checks for 7 days before travel and verify I have been fever-free:

Sign: _____

SYMPTOMS IN THE LAST TWO WEEKS WITHOUT OBVIOUS CAUSE

Please check any that apply to you:

____ FEVER (above 100.4)
____ COUGH
____ SHORTNESS OF BREATH
____ BODY ACHES
____ FATIGUE
____ NAUSEA/VOMITING
____DIARRHEA
____ CHILLS
____ SORE THROAT
____ CHANGE IN TASTE
____ CHANGE IN SMELL
____ CHANGE IN APPETITE

I verify that I have been symptom-free for the past 14 days:

Sign: _____

PRE-EXISTING ILLNESSES & AGE

Please check any that apply to you:

____ CARDIOVASCULAR DISEASE
____ RESPIRATORY DISEASE including ASTHMA
____ DIABETES
____ IMMUNOCOMPROMISED
____ OVER THE AGE OF 64

Individuals with preexisting conditions such as cardiovascular disease, respiratory disease, including asthma, diabetes, and immunocompromised or who are over the age of 64 are at an increased risk of severe illness if COVID-19 is contracted. I understand that my pre-existing illness or age increases the implied risk of COVID-19.

I understand the implied risk of my pre-existing illnesses or age:

Sign: _____

CONTACT HISTORY – Please check all that apply to you:

____ I have been diagnosed with COVID-19. **If yes, date:** _____
____ I have a close contact that has been in contact with someone exposed to or infected with COVID-19 in the last 14 days.
____ I have a household member currently on a watch list for COVID-19 exposure.

If any of the above apply to you, please call our office at 970-635-0110 or email office@imrus.org immediately.

I verify that I have answered these questions truthfully:

Sign: _____

COVID-19 VACCINATION

Have you Been Vaccinated: ☐ **Yes** ☐ **No** If yes, please list dates: _____, _____

The health and safety of our volunteers is our number one priority. In light of the COVID-19 pandemic, we think it is important that you understand our efforts to manage your health and safety so that you can make an informed choice. We are focused on taking all reasonable measures to prevent the spread of COVID-19 on our trips. We have strengthened our standardclinical routine procedures while increasing frequency measures for procedures such as wipingdown clinical areas, adding new and advanced clinical protocols and enhancing our PPE protection.

Additionally, we are taking measures to regularly monitor and address symptomatic volunteers by introducing this pre-trip Health Declaration Form, daily temperature checks and health screenings, and protocols to isolate, confirm, respond, and remove any volunteer or communityparticipant with suspected COVID-19.

This situation continues to evolve and as such, our procedures and guidance provided by our IMR advisors, the CDC and local health departments and Ministries of Health will also continueto evolve. Our main focus and effort are to help keep our volunteers, staff, families and communities we serve safe.

Ultimately, the choice to attend an IMR trip is a personal one, and you are in control. You needto feel comfortable knowing the risks of COVID-19 in the IMR clinical setting, knowing you will have to travel on an airplane and through airports, interact with other volunteers, and interact with members of the community that are sick.

I consent to the above disclosure for my trip with International Medical Relief:

Sign: _____