



THE WILDLIFE CENTER OF VIRGINIA  
**COVID-19 RISK ASSESSMENT FORM**

Updated February 1, 2022

DATE  
 (mm/dd/yy): \_\_\_/\_\_\_/\_\_\_

START DATE AT WCV (mm/dd/yy):  
 \_\_\_/\_\_\_/\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH (mm/dd/yy):  
 \_\_\_/\_\_\_/\_\_\_

MOST RECENT ADDRESS (CITY/STATE/COUNTRY) \_\_\_\_\_

**VACCINE INFORMATION**

Have you received the 2021-2022 seasonal influenza vaccine? YES  NO

If yes, date received (mm/dd/yy): \_\_\_/\_\_\_/\_\_\_

If no, estimated date (mm/dd/yy) \_\_\_/\_\_\_/\_\_\_

Have you received the COVID-19 vaccine? YES  NO

**WCV requires all staff/students/volunteers to be up-to-date on COVID-19 vaccination, including booster (if eligible)**

If yes, dates received (mm/dd/yy): \_\_\_/\_\_\_/\_\_\_

Second dose:  
 \_\_\_/\_\_\_/\_\_\_

If yes, manufacturer? (Pfizer, Moderna, J&J): \_\_\_\_\_

If no, estimated date (mm/dd/yy): \_\_\_/\_\_\_/\_\_\_

Have you received the COVID-19 booster? YES  NO

**WCV requires all staff/students/volunteers to be up-to-date on COVID-19 vaccination, including booster (if eligible)**

If yes, date received (mm/dd/yy): \_\_\_/\_\_\_/\_\_\_

If yes, manufacturer? (Pfizer, Moderna, J&J): \_\_\_\_\_

If no, estimated date (mm/dd/yy): \_\_\_/\_\_\_/\_\_\_

**SIGNS AND SYMPTOMS**

Do you have, or have you had in the last two weeks, any of the following symptoms:

	YES	NO		YES	NO
Cough	<input type="checkbox"/>	<input type="checkbox"/>	Fever	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	Congestion	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath/difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>
Muscle or body aches	<input type="checkbox"/>	<input type="checkbox"/>	Loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>	Nausea	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Runny nose	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>

OTHER CLINICAL INFORMATION:

## RISK ASSESSMENT

Have you, in the last two weeks, been in close contact (within 6 feet for >15 minutes) with any person with clinical signs of, or diagnosed with, COVID-19?

YES  NO

In the last two weeks, have you traveled?

YES  NO

If yes, did you travel within or outside of the U.S.?

WITHIN  OUTSIDE

If yes, where was travel to and from? \_\_\_\_\_

Travel return date (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

During the last two weeks, have you been in close contact (within 6 feet for >15 minutes) with any persons in the following categories:

	YES	NO		YES	NO
Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	Correctional facility	<input type="checkbox"/>	<input type="checkbox"/>
Aged-care facility	<input type="checkbox"/>	<input type="checkbox"/>	Military institution	<input type="checkbox"/>	<input type="checkbox"/>
Assisted living facility	<input type="checkbox"/>	<input type="checkbox"/>	Public facing employee	<input type="checkbox"/>	<input type="checkbox"/>
Educational Facility	<input type="checkbox"/>	<input type="checkbox"/>	(retail/food service/grocery)	<input type="checkbox"/>	<input type="checkbox"/>
Animal care facility	<input type="checkbox"/>	<input type="checkbox"/>	Concert	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation	<input type="checkbox"/>	<input type="checkbox"/>	venue/Theater/Conference	<input type="checkbox"/>	<input type="checkbox"/>

Do you anticipate being in close contact (within 6 feet for >15 minutes) with any persons in the above categories during your time at the Center?

YES  NO

Prior to and during your time at WCV, what are your living arrangements? (For example: with family, apartment with roommates, alone, etc.)

Do you share a home with any persons who participates in the above listed jobs or activities?

YES  NO

If you experience change in any of the above prior to the start of your time at WCV, please contact [kpierce@wildlifecenter.org](mailto:kpierce@wildlifecenter.org) immediately for reassessment. You will be required to complete this form again at the start of your time at WCV, and eligibility will be re-evaluated at that time.

### Questions?

Please email [kpierce@wildlifecenter.org](mailto:kpierce@wildlifecenter.org)