



Deerfield Farmers Market COVID-19 Wellness Screening

Please respond yes or no to each of the following questions:

Question	Response
<p>1. Have you experienced any of the following symptoms in the past 48 hours:</p> <ul style="list-style-type: none"> ▪ Fever or chills ▪ Cough ▪ Shortness of breath or difficulty breathing ▪ Fatigue ▪ Muscle or body aches ▪ Headache ▪ New loss of taste or smell ▪ Sore throat ▪ Congestion or runny nose ▪ Nausea or vomiting ▪ Diarrhea 	<p>___ Yes ___ No</p>
<p>2. Are you isolating or quarantining because you tested positive for COVID-19 or are worried that you may be sick with COVID-19?</p>	<p>___ Yes ___ No</p>
<p>3. Are you fully vaccinated OR have you recovered from a documented COVID-19 infection in the last 3 months?</p> <p><i>To be considered fully vaccinated, you must be ≥ 2 weeks following receipt of the second dose in a 2-dose series or ≥ 2 weeks following receipt of one dose of a single-dose vaccine.</i></p> <p>IMPORTANT: If you answered “Yes” to question 3 and “No” to questions 1 & 2, please skip to the certification step below. Your approval to participate in this week’s Farmers Market is granted.</p>	<p>___ Yes ___ No</p>
<p>4. Have you been in close physical contact in the last 14 days with:</p> <ul style="list-style-type: none"> ▪ Anyone who is known to have laboratory-confirmed COVID-19? <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> ▪ Anyone who has any symptoms consistent with COVID-19? <p><i>Close physical contact is defined as being within 6 feet of an infected/symptomatic person for a cumulative total of 15 minutes or more over a 24-hour period starting from 48 hours before illness onset (or, for asymptomatic individuals, 48 hours prior to test specimen collection).</i></p>	<p>___ Yes ___ No</p>
<p>5. Are you currently waiting on the results of a COVID-19 test?</p> <p>IMPORTANT: Answer “No” if you are NOT waiting on the results of a</p>	<p>___ Yes ___ No</p>

COVID-19 test that was taken due to experiencing personal symptoms or coming in close contact with and infected/symptomatic person.	
I certify that my responses are true and correct.	___ Yes ___ No
If you ARE NOT fully vaccinated, did you answer NO to ALL QUESTIONS?	Your participation in the Deerfield Farmers Market this week is GRANTED . Thank you for helping us protect you and others during this time.
If you ARE NOT fully vaccinated, did you answer YES to ANY QUESTION?	Your participation in the Deerfield Farmers Market this week is DENIED . Please consult CDC guidelines on how to proceed to keep yourself and others healthy and safe. Thank you for helping us protect you and others during this time.

Thank you:

The Village of Deerfield and the Deerfield Farmers Market Committee sincerely appreciates your completion of this weekly COVID-19 wellness screening. **If you answered yes to questions 1, 2, 4, or 5, please stay home from the market this week** and consult CDC guidelines on how to proceed to keep yourself and others healthy and safe. Thank you for taking measures to keep all market participants safe. If you are not feeling well, we hope that you feel better soon!

Submission:

Please note that our Market Coordinator, Susie Mui, will be going around during market set up to verify that all onsite vendors, volunteers, and staff have completed the screening.

Questions:

Contact Management Analyst, Mary Glowacz at (847) 719-7436 | msglowacz@deerfield.il.us