

Volunteer Progress Note

Please provide your temperature reading:

In the last 10 days have you tested positive for the coronavirus that causes COVID-19?

In the last 10 days, have you experienced any of the following symptoms? Fever, cough, sore throat, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, diarrhea?

Yes

Yes

No

No

Patient Name:

Patient Number

Date

Start Time

End Time

Mileage (round trip)

Type of visit

Nature of contact

Home visit

Respite

Vet to vet

Facility

Companionship

Anticipatory grief

BCHH

Spiritual support

Family support

Phone call

Pet therapy

Bereavement

Errands/shopping

Other

Transportation

Observations

Volunteer Name (print)

Volunteer Signature (electronic or physical)

Volunteer Coordinator Signature