

VISITOR SIGN/SYMPTOM SCREENING FOR CORONAVIRUS

RESIDENT NAME(S): _____ **DATE/TIME OF VISIT:** _____

DATE: _____ **NAME:** _____ **TIME:** _____

COVID-19 SCREENING QUESTIONS	YES	NO
Temperature is: _____		
Do you have a temperature of 100.4 F or greater?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Do you have ANY of the below symptoms? (circle all that apply)</u> Fever, Cough, Shortness of Breath, Difficulty Breathing, New Loss of Taste, New Loss of Smell	<input type="checkbox"/>	<input type="checkbox"/>
<u>Do you have at least TWO of the below symptoms? (circle all that apply)</u> Muscle Pain, Fatigue, Headache, Sore Throat, Nausea, Vomiting, Diarrhea, Congestion, Runny Nose	<input type="checkbox"/>	<input type="checkbox"/>
Have you had ANY of the above listed symptoms within the last 10 days?		
Have you been exposed to anyone with a confirmed case of COVID-19 within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled anywhere within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Where (State, City and County)? _____		
When? _____		
Means of transportation (Circle One) Plane Train Car Cruise		
Have you attended a large gathering of 500 or more people in the last 30 days where individuals did not socially distance (6 feet) and did not wear masks?	<input type="checkbox"/>	<input type="checkbox"/>
Where? _____		
When? _____		
What type of event? _____		
INFECTION CONTROL POLICY REVIEW	YES	NO
Have you performed hand hygiene and observed social distancing?	<input type="checkbox"/>	<input type="checkbox"/>
Have you reviewed proper cough etiquette?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received reminders to try to not touch your face, nose, mouth, or eyes and to perform hand hygiene before and after if you need to?	<input type="checkbox"/>	<input type="checkbox"/>
Have you answered the above questions completely, honestly and accurately to the best of your knowledge?	<input type="checkbox"/>	<input type="checkbox"/>

Note: If you have checked YES to any of the above COVID-19 SCREENING QUESTIONS, you MUST speak with a Nurse Manager prior to entering the community so you can be assessed!

SIGNATURE OF VISITOR

SIGNATURE OF PERSON REVIEWING

SIGNATURE OF NURSING TEAM MEMBER TO REVIEW (if applicable)