



SERENITY

ESSENTIAL CAREGIVER SCREENING

Essential Caregiver Name (print clearly): _____

Date of Visit: _____

Body Temperature: _____

Essential Caregiver—please initial after each screening topic:

| SCREENING TOPIC | True/Correct/Yes | False/Incorrect/No |
|---|------------------|--------------------|
| I have not tested positive for COVID-19 and am currently not receiving treatment or required to self-isolate. | | |
| I am currently not under COVID-19 investigation and am not waiting for COVID-19 test results. | | |
| I currently do not have any of the following signs or symptoms of a respiratory infection: fever, cough, shortness of breath, or sore throat. | | |
| In the last 14 days, I have not had contact with someone with a confirmed diagnosis of COVID-19, is under investigation for COVID-19, or is ill with respiratory illness. | | |
| During my planned visit, I agree to continuously wear a mask, and use alcohol-based hand rub before and after my visit. | | |
| After visiting, I will self- monitor for signs and symptoms of respiratory infection for at least 14 days and notify the facility if symptoms occur. | | |
| I will maintain social distancing with staff and other residents when in the building. | | |
| I will limit movement within the building. | | |
| I will not take the resident out into the community except for essential medical appointment (once approved by facility). | | |
| I understand the facility may revoke or restrict if I fail to follow established guidelines. | | |

Signature: _____