



Visitor Screening Questionnaire

Visitor Name: _____ Date: _____

1. Have you or anyone in your household traveled outside of the country or been on a cruise in the last 14 days? Yes No

2. Have you or anyone in your household had close contact with, helped care for anyone diagnosed with Coronavirus or Influenza or anyone who is currently being monitored for Coronavirus? Have you had any prolonged contact with someone positive for COVID-19 in another community/facility in the last 14 days without wearing appropriate PPE (gloves, gown, masks, eye protection)? Yes No

3. Have you or anyone in your household had a fever (100.0 degrees or higher), had repeated shakes with chills, a cough or shortness of breath, chest pain, new loss of taste or smell, headache, sore throat, muscle pain, vomiting or diarrhea in the last 14 days? Yes No

If a "YES" answer to any of the above questions please understand that our senior population is extremely vulnerable to Coronavirus, Influenza, viruses, bacterial infections, and other illness and we are doing everything we can to limit their exposure. You are not permitted to visit at this time. Thank you for understanding. Our priority is the health and safety of our residents and associates!

If answers to all questions above are "NO" then please present this form to our staff and allow them to take your temperature prior to your scheduled visit. If the temperature is less than 100.0 degrees, we hope you enjoy your visit.

Temperature: _____

Name of Resident(s) Visiting: _____

Please remember:

- Maintain safe distancing of 6 feet during your visit.
- Sanitize or wash your hands frequently.
- Make use of face masks that always cover your mouth and nose during your visit.