

Visitor Screening Tool

Visitor's Name: _____

Reason for Visiting: _____

Person being visited: _____

Please let us know if you have any of the following (check the appropriate box):

	Yes	No
Fever greater than or equal to 100.0° F (37.8° C), and one or more of the following: muscle aches, shortness of breath, sore throat, new or changed cough, chills headache, loss of taste or smell (new onset in the past 14 days)? (Note, we will be taking your temperature prior to your visit today.)		
Have you traveled internationally or on a cruise ship within the last 14 days?		
Have you or anyone in your household had close (within 6 feet) contact with someone who has confirmed or presumed COVID-19 (Coronavirus) within the last 14 days?		

If you have any of the above symptoms or exposures, we ask that you not visit at this time. Please feel free to call on the telephone (or use FaceTime) until your symptoms have resolved.

Thank you for your understanding and cooperation in helping us keep our residents, staff and community safe.