Visitor Screening Tool

Date:______________________________

Visitor Name:_______________________

Reason for Visiting:__________________

Person Being Visited:_________________

ARE YOU FULLY VACCINATED? (i.e., ≥ two weeks following receipt of the second dose in a two-dose series, or ≥ two weeks following receipt of one dose of a single-dose vaccine): **YES / NO**

Please let us know if you **or anyone in your household** have any of the following (check all that apply):

	Yes	No
Fever greater than or equal to 100.0° F (37.8° C), **OR** any of the following symptoms: • Feel ill, chills, fatigue or muscle aches • Cold or sinus infection symptoms (sneezing, runny nose, sinus congestion) • Shortness of breath • Sore throat • New or changed cough (not otherwise associated with a known chronic condition like smoking or allergies • Head ache • New loss of taste or smell		
Traveled internationally or on a cruise ship within the last 14 days?		
Had close contact * with someone who has confirmed or presumed COVID-19 (Coronavirus) within the last 14 days?		
Today's Temperature:__________(if unknown or not taken, temperature must be taken and documented here prior to admission)		

Close contact is defined as someone who was within 6 feet or less of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the person is isolated.

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.

Updated 12-29-2021