Visitor Screening Tool

Visitor’s Name: ________________________________

Resident being visited: ________________________________

Please let us know if you have had any of the following:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
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<td>☐</td>
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</tr>
</tbody>
</table>

Fever of 100.4°F within the last 14 days

Cough/Shortness of Breath

Pneumonia/flu - recent

Have you traveled out of the country in the last 14 days to a level 2 or 3 country as determined by the Centers for Disease Control and Prevention. A list of countries can be found at: https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html

Have you had contact with anyone who has lab confirmed Novel Coronavirus within 14 days of symptom onset?

☐   ☐

Please do not write below this line. Official Use Only

________________________________________________________

Temperature:___________

Staff signature: ________________________________
Staff Screening Tool

Visitor’s Name:___________________________________________

Resident being visited:_____________________________________

Please let us know if you have had any of the following:

<table>
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</tr>
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Temperature:___________

Staff signature:___________________________________________