

Visitor/ Family Screening Tool (COVID-19)

Please complete pre-screen 24 hours before your visit

Visitor Name: _____ Phone: _____

Visitor Address: _____

Resident to Visit: _____ Resident Room Number: _____

Pre-Screen Date: _____ Pre-Screen Time: _____

Screening Questions: In the past 24 hours, have you experienced?

	Pre- Screen (This section completed by the visitor 24 hours before the visit)		In-Person Screen (This section to be completed by staff at the time of visit)	
	Yes	No	Yes	No
Current Temperature (record)				
Fever (Temperature >100.0F)	Yes	No	Yes	No
New or worsening cough	Yes	No	Yes	No
Shortness of breath	Yes	No	Yes	No
Sore throat	Yes	No	Yes	No
Chills or shaking with chills	Yes	No	Yes	No
Muscle/ body aches	Yes	No	Yes	No
Headache	Yes	No	Yes	No
New loss of taste or smell	Yes	No	Yes	No
Fatigue	Yes	No	Yes	No
Congestion/ Runny nose	Yes	No	Yes	No
Nausea/ Vomiting/ Diarrhea	Yes	No	Yes	No
Have you had a diagnosis of Covid-19 and have not completed the appropriate isolation period?	Yes	No	Yes	No
Have you had prolonged close contact with a person with Covid-19 while not using appropriate Personal Protective Equipment (PPE) during the prior 14-days?	Yes	No	Yes	No
Are you currently under quarantine by the guidelines of a public health department?	Yes	No	Yes	No

In the past 14 days, have you *(collected for statistical purposes only, not considered for visitation):*

	Pre- Screen		In-Person Screen	
	Yes	No	Yes	No
Traveled via airplane internationally or domestically?	Yes	No	Yes	No
Visited a high incidence state for longer than 24 hours?	Yes	No	Yes	No

If the visitor answers yes to any of the screening questions, the individual should not visit. The visitor should self-isolate at home for any symptoms and contact their healthcare provider for direction. By signing below, I attest that all of the above information is correct. I agree to notify the community if I develop any of the above symptoms within 72 hours after visiting.

Visitor Signature: _____ Date: _____

Screener Name (print): _____ Date & Time: _____

Screener Signature _____