



Visitors:

Please read and carefully answer this important questionnaire. The purpose is to determine if a visit by you today presents a health risk to your loved one and others in the facility.

I am here today to visit with _____

I am an immediate member of a resident's family (_____) yes no N/A
Resident's name

If no, we are sorry, but you will have to postpone your visit. Please call the facility before you stop by again. Thank you

Today's date _____

Name (please print) _____ Phone _____

Do you have a fever? yes, no

Do you have a cough? yes, no

Do you have any type of upper respiratory illness? yes, no

Do you have any shortness of breath? yes, no

Do you have any fatigue? yes, no

Do you have any muscle or body aches? yes, no

Do you have a headache? yes, no

Do you have any new loss of taste or smell? yes, no

Do you have a sore throat? yes, no

Do you have congestion or runny nose? yes, no

Do you have diarrhea? yes, no

Have you had close contact w/a confirmed COVID-19 positive person? yes, no

If you answered YES to any of the questions, we are sorry but for the safety of your loved ones and others at the facility, you will have to postpone your visit.

Please call the facility before your visit again. Thank you.

Have you returned from a trip within the last 14-days? yes, no If yes, which state or country? _____

If yes, we will compare your answer to the list of CDC restricted areas to determine if access today is recommended or not.

Signature

Date

Please return this form to our **Health Monitor**. They will review your answers and using state and federal guidelines they will determine if a visit by you today is safe for you and your loved one.

If a visit is safe, we ask you to limit your visit to an hour or less. We ask that you limit your physical contact with your loved one as well as other residents and staff. Please sanitize your hands before and after your visit.

Thank you.