



VISITOR SCREENING FORM (Completion is Required)

The Center of Disease Control (CDC) and Centers of Medicare and Medicaid Services (CMS) have issued guidance for long term care facilities. In Accordance with this guidance, we are screening and monitoring all visitors at this time.

We value the safety and welfare of the residents we care for and appreciate your understanding the need for all visitors to complete this required form, related to the potential need to restrict visitors who may pose any risk to our residents.

You may choose not to answer these questions. If you choose to not be screened, you will be restricted from visitation at the community until further notice.

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1. Have you had any signs / symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat?
 No Yes
 2. In the last 14 days, have you had contact with someone with a confirmed diagnosis of COVID-19, or is under investigation for COVID-19, or is ill with respiratory illness?
 No Yes
 3. Have you traveled internationally or been on a cruise ship within the last 14 days?
 No Yes

If you checked "yes" to any of the questions above, we will need to restrict your visit today. We apologize for this inconvenience and greatly appreciate your cooperation. If you were planning to visit a loved one, we can help facilitate a tele-communication visit between you and your loved one via phone, Facetime, etc.

Purpose of Visit:

Name (print): _____

Signature: _____ Date: _____

Phone: _____

Signature of staff reviewing this form: _____

Printed name of staff reviewing this form: _____