

Long-term Care Visitor and Staff Screening Tool

Today's date: _____

Time: _____

Name: _____

If visitor, name of the resident who you are visiting _____

- 1. Do you have any of the following or other symptoms of COVID-19?** (Fever, cough, shortness of breath, loss of taste or smell, vomiting, diarrhea) Yes No
- 2. Did you have confirmed COVID-19 in the last 10 days?** Yes No
- 3. Are you supposed to be in quarantine or isolation for any other reason?**
(Examples: recent travel, being in crowds where someone could have had COVID-19, immunocompromised or recent severe COVID-19 needing you to be in prolonged isolation) Yes No

If you answered YES to any of the above questions, you may not visit or report to work until you meet the criteria to discontinue quarantine or isolation as applicable to healthcare facilities (**minimum of 10 days from exposure, start of symptoms, or positive test**). **If clarification is needed, please ask an infection preventionist for direction.**

If you answered NO to all the above questions, please proceed to the next question.

- 4. Have you had close contact with anyone with suspected or confirmed COVID-19 in the last 10 days?** Yes No
 - If you answered NO**, you may proceed with the visit or work.
 - If you answered YES**, please answer the next question.
- 5. Are you up to date on vaccination?** Yes No

Up to date vaccination means:

- Completed the primary series and not yet due for a booster as recommended by CDC
- Or
- Have received booster and/or additional dose as recommended by CDC

If up to date, asymptomatic, and did not test positive, no need for work restriction or visitation restriction.

A visitor that is not up to date: May not visit until meets the criteria to be off quarantine (completed 10 days).

Staff that is not up to date: follow IP/facility guidance as your facility's staffing status determines whether you can/where you can work (in case of contingency or crisis staffing).