

Visitor Screening Tool

For fully vaccinated visitors only

ARE YOU FULLY VACCINATED? (Two weeks after completing both shots of the two-shot series OR completed the single shot of Johnson & Johnson vaccine: **YES / NO**)

If not fully vaccinated, please use the other visitor screening tool.

Date of screening: _____ Time arrived: _____ Time out: _____

Name of screener: _____ Signature of screener: _____

Name of visitor: _____ Signature of visitor: _____

Temp: _____ Resident visited: _____

(Temp must be less than 100° F)

SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Have you tested positive for COVID-19 in the last 14 days? • If YES, when was that test done? _____			If YES - STOP, please see infection preventionist (IP) for direction.
SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Are you currently ill?			If YES - STOP, please see IP for direction.
SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Do you have symptoms of fever, cold, cough, shortness of breath, or temporarily lost your sense of taste or smell? Do you have symptoms of nausea/vomiting or diarrhea?			If YES - STOP, please see IP for direction.
SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Have you had prolonged contact with someone with COVID-19 in the last 14 days?			If YES - STOP, please see IP for direction.
SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Are you supposed to be in quarantine for any other reason?			If YES - STOP, please see IP for direction.

It is the responsibility of every visitor to notify the facility of any signs/symptoms of illness as noted above, or any contact/exposure of a confirmed COVID-19 case.