

# Visitor Screening Tool – FIT FOR DUTY

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? <ul style="list-style-type: none"><li>If YES, when was that test done? _____</li></ul>			<b>If YES and it has been fewer than 2 weeks ago - STOP, please see infection preventionist (IP) for direction.</b>
SCREENING QUESTION	YES	NO	DECISION FOR ENTRY
Are you currently ill?			<b>If YES - STOP, please see IP for direction.</b>
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?			<b>If YES - STOP, please see IP for direction.</b>

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.